NT RECORD. Every item of PHYSICIANS should state. Exact statement of OCCU-	County of Ada Re City of Bolse Re Pr (No (If death occurre	STATE OF ID.  EPARTMENT OF PUB BUREAU OF VITAL S  CERTIFICATE O  gistration District No imary Registration District o. St. Lukes Hose d in a hospital or institution, m Arthur Duncan  Bar north 9th st death occurred. yrs. mos.	LIC WELFARE STATISTICS F DEATH ct No. / O / J spital. give its name instead of	of street and number.)	410 44
N E	PERSONAL AND STATISTICA	i i		AL CERTIFICATE OF DEATH	
NDING PERMANENT dEXACTLY. 1 y classified. 1 cate.	3.SEX 4. COLOR OR RACE White	5. Single, Married, Widowed, or Diverced Twrite the word)		(month day, and year) Jan. ERTIFY, That I attended decease	
IK BINDII IS A PER stated EX roperly cl	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of		I last saw halive	on, 193, to, 193	death is said
HIS HID be He be	6. DATE OF BIRTH (month, day, and ye 7. AGE Years Months Still born.	Days If LESS than 1 day,hrs. or min.	to have occurred on The principal cause were as follows:	the date stated above, at 30 of death and related causes of	Date of onset
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc				
IN RES DING I ied. AG so that	15	Total time (years) spent in this occupation	Other contributory	causes of importance:	
MAKGIN UNFADI! y supplied. terms, so See instru	12. BIRTHPLACE (city or town) Boise Idaho.				
2 2 2 2	13. NAME Raymond. E. Duncan.  14. BIRTHPLACE (city or town) Illinois.		_	Date	
(LY, WI d be care TH in pl importau	(Mail of County)	Bossuet.	Accident, suicide, or h Where did injury oc	exter Icauses (violence) all in also comicide?	ury, 193
G	17. INFORMENT Raymond 9En	Buncan. Feb.2.1933.	place.  Manner of injury		
WRITE information CAUSE OF PATION i	I)	enletery. 193 & Krebs.			
N. B inf CA PA	(Address) Boise, 20. FILED 2 - 1 , 1933 W	Idaho Khale Registrar.	(Signed)(Address)	11 .0 1 / 1 - 2 - 2 - 2 - 2 - 2	Blog Bais

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritohitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:		
Gallstones	May 1, 1923	Gastroenteritis	1 year	
	-	•	-	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	- <del>'</del>	
			*	
			*	

# 9 1	RECEIVED MAN A STATE OF ID	OAHO
ry item o nould stat OCCUPA		BLIC WELFARE DO NOT WRITE IN THIS SPACE
item Id st	County of Banneville BUREAU OF VITAL	82446
ry ite nould OCCI	CERTIFICATE O	F DEATH State File No
of at	City of Registration District No	/5
N N H	Primary Registration Distri	ict No. Local Registrar's No. 2
TA I	(No	Largetta )
SORD. I SICIANS	(If death occurred in a hospital or institution,	give his name instead of street and number.)
RECORD PHYSICI act statem	2. FULL NAME VILLE - 13 MIN	
T. X	(a) Residence. No	(if nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
NEN ILY.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
VG MANI ACTL sified.	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) February 1933
	gur- white	22. I HEREBY CERTIFY, That I attended deceased from
NDII PER d EX	5a. If maried, widowed, or divorced HUSBAND of	1933, to 7 d 70 1 1933
BIL A H ated ated	(or) WIFE of	I last saw her alive on
R 1 S 2 S 4 S 4	6. DATE OF BIRTH (month, day, and year) 2/ 20/33	to have occurred on the date stated above, at
D FOR 1 HIS IS	7. AGE Years Months Days If LESS than 1 day, hrs.	Were as follows:  Mrs. Russen Cause of Letter Methers qui
D H		mather Las been in good history of
VE   H	8. Trade, profession, or particular kind of work done, as spinner,	Lette Since guet dete taking croug
SER INK GE	sawyer, bookeeper, etc	of pregnancy Crystal Self
ESE IN AGI	work was done, as silk mill,	absociated Course Unknown During
<b>#</b> Z , = .	saw mill, bank etc	Other contributory causes of importance:
GIN'ADI	this occupation (month and year) spent in this occupation	child July com de
ARGIN INFADIN supplied.	12. BIRTHPLACE (city or town) Sul July (State or country)	Trailities Oscilin about 14 ago
MAR UNF y sup terms		Data of
	13. NAME Fallew Frank Batemon  14. BIRTHPLACE (city or town) West Jarlan  (State or country)	Name of operation
WITH arefull	14. BIRTHPLACE (city or town)	23. If death was due to exter icauses (violence) fill in also the following:
≱ an ar	15. MAIDEN NAME RUTH, Janes	Accident, suicide, or homicide? Date of injury, 193.
7 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	15. MAIDEN NAME Full Janes  16. BIRTHPLACE (city or town) Ulusary  (State or country)	Where did injury occur?(Specify city or town county, and State)
LAINLY should b	(State or country)	Specify whether injury occurred in industry in home, or in public
LA PRO PER	17. INFORMENT Rolin & Belina	place.
E Pion	(Address) Chuylds	Manner of injury
atic E	18. BURIAL, REMATION, OR REMOVAL Place Date Date 1933	Nature of injury
		24. Was disease or injury in any way related to occupation of deceased?
-WR inform CAUS	19. UNDERTAKER (Address)	If so, spectra
m	20 FUED W/ V/ 193 3	(Signed) B. C.C. Alando.
ż	Registrar.	(Address)

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

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accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

PHYSICIAN	PLACE OF DEATH  County of Franklin  City of Preston, Ida.  STATE OF IDA  DEPARTMENT OF PUBL  BUREAU OF VITAL S  CERTIFICATE OF  Registration District No.	DO NOT WRITE IN THIS SPACE STATISTICS  DEATH  27		
ted EXACTLY. F rly classified. tions on back.	Primary Registration District  (No.  (If death occurred in a hospital or institution, give  2. FULL NAME Stillbirth  (a) Residence. No. Preston  (Usual place of abode.)  Length of residence in city or town where death occured. yrs. mos.	sits name instead of street and number.)  206  St. (If nonresident give city or town and State.)		
r CORD. Id be sta y be prope	8. SEX 4. COLOR OR RACE 5. Single, Married, Widowcd, or Divorced (write the word.)  Boy White	MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH  March  (Month)  (Year)		
FOR BINDING ERMANENT REC ed. AGE shoul s, so that it may y important. Se	5a. If married, widowed, or divorced  HUSBAND of stillbirth  6. DATE OF BIRTH (month, day and year) March 23 33  7. AGE Years Months Days If LESS than 1 day, hrs. or	17. I HEREBY CERTIFY, That I attended deceased from  May 7 3, 19.33 to May 1.3, 19.33  that I last saw have alive as a full field of the same and that death occurred, on the date stated above, at		
RESERVED HIS IS A PE efully supplic plain terms (TION is very	8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  The CAUSE OF DEATH* was as follows:		
NG F	9. BIRTHPLACE (city or town) (State or country)  10. NAME OF FATHER	(duration)yrsmosds.  CONTRIBUTORY(Secondary)		
ormatio CAUSi statem	Felix Henry Edwards  11. BIRTHPLACE OF FATHER (city or town) Masterton (State or Country) New Zealand	(duration)yrs,mos,ds.  18. Where was disease contracted		
item of	12. MAIDEN NAME OF MOTHER Viola Winger  18. BIRTHPLACE OF MOTHER (city or town) Preston, Ida. (State or County)	What test confirmed diagnosis lunch for the confirmed diagnosis lunch for		
WRITE PLAIN N. B.—Every 16	14.  Informant Felix Henry Edwards  15.  Filed Spril 1933 The Registrar.	19. Place of Burial, Cremation, or Removal  Date of Burial  March 19 3  20. Undertaker  Address		

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**DUTY OF LOCAL REGISTRARS**—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

E	PECENTED AND A SECOND	
· ·	RECEIVED 1AY 8 1934 STATE OF ID PLACE OF DEATH DEPARTMENT OF PUB	AHO LIC WELFARE   DO NOT WRITE IN THIS SPACE
item 11d sta OCC	County of Ada BUREAU OF VITAL S	
ery ibou of	CERTIFICATE O	<i>2)</i>
M vo ∰	Registration District No Primary Registration District	
ORD. By ICIANS atatemen	(No. St. Lukes Fos	
SORD. SICIAN t statem	(If death occurred in a hospital or institution,	give its name instead of street and number.)
RECORD. PHYSICIA Exact state	Z. TODE WILLE	
T R T R XX	(a) Residence. No	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
Z H H	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
dG MANE ACTLY	3 SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	21. DATE OF DEATH (month day, and year) 3/31/33 . 193
DING EXAC class	Female. White. Single.	I HEIGEBY CERTIFY, That I attended deceased from
NDIN PER] IEX.	5a. If maried, widowed, or divorced HUSBAND of	I last saw h alive on , 193 : death is said
BIII A atec perl	(or) WIFE of	to have occurred on the date stated above, at
OR i IS	6. DATE OF BIRTH (month, day, and year Harch 31, 1933) 7. AGE Years Months Days If LESS than	The principal cause of death and related causes of importance  Date of onset
HIS HIS Id b be g of	O O O O or min.	Sell von due
VEI hou hay bacl	8. Trade, profession, or particular	n placenta
ER NK K S S S S S S S S S S S S S S S S S	sawyer, bookeeper, etc	
ESI G I A G hat ion	work was done, as silk mill, saw mill, bank, etc.	Other contributes cover of importance
EADING 1 pplied. AG	[ Chis occupation (month and   Spent in this	Other contributory causes of importance:
ARGIJNFAI supplicerms, received	12. BIRTHPLACE (city or town) Boise, Idaho.	ator confilion
MAR UN) y suj term	(State or country)	
	13. NAME Deway L. Dayley  14. BIRTHPLACE (city or town)  (State or country)  Tdaho.	Name of operation
(LX, WFEH d be carefull TH in plain important.	14. BIRTHPLACE (city or town)	23. If death was due to exter Icauses (violence) all in also the following:
\. \. \. \. \. \. \. \. \. \. \. \. \. \	15. MAIDEN NAME Flore Jensen	Accident, suicide, or homicide? Date of injury, 193
AINLY lould be EATH ery imp	15. MAIDEN NAME Flora Jengen 16. BIRTHPLACE (city or town)	Where did injury occur?(Specify city or town county, and State)
LAINLY should be DEATH	17 INFORMENT Mrs. Mattie Exbert.	Specify whether injury occurred in industry in home, or in public
<u>a.</u>	(Address) Boise, Idaho	Manner of injury
	18. BURIAL, CREMATION, OR REMOVAL PlaceMOTTIS Hill Com Date 4/1/33, 193	Nature of injury
WRITI informati GAUSE (	19. UNDERTAKER Wm.McBratney.	24. Was disease or injury in any way related to occupation of occased?
[ ] Z Z	4-5 271.7. 100	(Signed) M. D.
, z	20. FILED 1935 Registrar.	(Address) Boise,

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· ADDITIONAL SPACE I	FOR FURTH	ER STATEMENTS BY PHYSICIAN		
***************************************				

BINDING

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	1	
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<b>፟</b> ጞ፞፞፞፞፞፞፞፞ጞ፞፞፞	RECEIVED AUG 1 6 1933 STATE OF IDA	NHO.
em c boul	PLACE OF DEATH DEPARTMENT OF PUBL	IC WELFARE DO NOT WRITE IN THIS SPACE
ry it 4.5 sl teme	City of Island CERTIFICATE O	
Eve IAI sta	Registration District No	73
D. J SIC sact	Primary Registration District	No. 2 / 1 - 0 Local Registrar's No. 2
PHY E.	(No(If death sourced in a hospital or institution, set	e ite hame instead of street and number)
KEC ed.	2. FULL NAME ONFANT Jambe	216
T F LY sifi	(a) Residence. No	(If nonresident give city or town and state)
ate.	Cength of residence in city or town where death occurred. yrs.	nos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
Fig X A Z	PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. Color or Bacel 5 Single Mounted Wildow	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. Color or Race 5. Single, Married, Widow-ed or Divorced (Prite the	21. DATE OF DEATH (month, day and year lene 36 193?
Frank Frank	5a. If married, widowed, or divorced	22 I HEREBY CERTIFY, That I attended deceased from
Z S S S X	HUSBAND of (or) WIFE of	June 30/2 1933, to
S P P P P P P P P P P P P P P P P P P P	6. DATE OF BIRTH (month, day, and year)	I last saw h. alive on 193: death is said
S P E C	7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 2.12m.  The principal cause of death and related causes of impor-
	7. AGE Years Months Days If LESS than 1 day hrs.	tance were as follows:
Eit & Lie	or min.	D. JAM
S E E E E	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Vremalure Still born
H S A S H		
S S S S S S S S S S S S S S S S S S S	work was done, as silk mill, saw mill, bank, etc.	
YADI	10. Date deceased last work- ed at this occupation spent in this open open open open open open open open	Other contributory causes of importance:
nt laig NK	12. BIRTHPLACE (city or town).	
MA III orts	(State or country)	
	13. NAME Lawrence Lambert	
WI Car	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
LY, d be DE,	15. MAIDEN NAME Bessie Hell 16. BIRTHPLACE (city or town)	23. If death was due to exter'l causes (violence) fill in also the following:
AIN OFF Si	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury193. Where did injury occur?
되는 문문	17. INFORMANT Lawrence Lambert 10 A D.	(Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in
A CE. F	(Address) 32 fee Al. (cly.	public place.
EGE E	18. BURIAL, CHEMATION OR TEMOVAL	Manner of injury
Z f a Z	Place Date 1932.	Nature of injury
OF EL	19. UNDERTAKER (Address)	of deceased?
<b>ri</b>	20. FILEIGALS ! 198.3 ( Justiman)	(Signed) et ha seras aft also M. D.
<del>z</del> i	Registrar.	(Address) 124 N. Endern wit

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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	***************************************	
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RECE	OF DEATH	DEPARTME		SLIC WELFARE	DO NOT WRITE	
County of Po	ower		JOF VITAL PICATE O	F DEATH	State File No	<b>S</b> 8541
City of Am	Falls, Ida				State Fire No	
					Local Registrar	's No. / 9
						,
					of street and number.)	206
			_		•	. <b>C</b> .
(a) Residual (Usus Length of resider	dence. Noal place of abode) nce in city or town whe	re death occurred	l. yrs. mos.	ds. How long in U	(If nonresident give city J. S., if of foreign birth?	or town and state) yrs. mos. d
PERS	ONAL AND STATISTI	CAL PARTICUI	LARS	MEDIC	CAL CERTIFICATE OF	DEATH
3.SEX	4. COLOR OR RACE	5. Single, Mar	ried, Widowed, write the word)	21. DATE OF DEATH	I (month day, and year)	hele - 193
Male	White	Singl		11	CERTIFY, That I attend	
5a. If maried, w	vidowed, or divorced of	•			, 193.3., to	
(or) WIFE	of		*	11	e on btillbox	-
6. DATE OF BIR	RTH (month, day, and	year) July		The principal cause	of death and related c	auses of importance
	ears Months	Days	If LESS than 1 day, hrs.	were as follows:		Date of on
Still		<u> </u>	or min.			
8. Trade, pr kind of sawyer,	rofession, or particular work done, as spinner bookeeper, etc	•		rron	turp,	
9. Industry	or business in which		. 4			
9. Industry work w saw mi  10. Date dec	as done, as silk mill, ll, bank_etc					
10. Date dece this occu year)	eased last worked at ipation (month and	11. Total time spent in the occupation.	(years) iis	Other contributory	causes of importance:	
12. BIRTHPLAC (State or	country) Am	. Falls,	Ida.			
13. NAME	Rudy Ringe			Name of operation		Date of
13. NAME 14. BIRTHP	LACE (city or town)	· · · · · · · · · · · · · · · · · · ·	Ta Ta	What test confirmed	diagnosis? V	as there an autopsy?
(State	or country) E	m. Fal.	ls, Ida.		exter'icauses (violence)i	
15. MAIDEN	name Melba	Schwarz	<u> </u>		homicide?l	
	LACE (city or town) e or country) AM.		Ida.		(Specify city or town.	
17. INFORMENT	1/ 2	Sehn		11	ury occurred in industr	y in home, or in publi
(Address	) ( ) ( )		<del></del>	•		
18. BURIAL, CR	REMATION, OR REMO	VAL Date 111.	Lv8, 193 3.			
19. UNDERTAK	7100		-	24. Was disease or inj	ury in any way clated to	occupation of deceases
(Address	)			If so, specify		The same
20. FILED	y	mener	nock	()		
	<u> </u>		negistrar.	(Address)	تىرسىسىسىنىڭ ئا ئاسلىس	la Tarlio

MARGIN RESERVED FOR BINDING

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

MARGIN RESERVED FOR BINDING

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH	DEPARTMENT OF PUBL BURBAU OF VITAL S	IC WELFARE	DO NOT WRITE IN TE	A O C
County of Ada	CERTIFICATE O	F DEATH	State File No.	495
etty of Bulletin	Registration District No  Primary Registration District (NoSt.a. Lukes	No. 1004	Local Registrar's No	770
(If death occurred 2. FULL NAME	in a hospital or institution, give	ve its name instead	of street and number)	
(a) Residence. No(Usual place of abode) Length of residence in city or tow	Boise, Idaho	(If monre	.St. sident give city or town an in U. S., if of foreign birth?	i state) yrs. mos. ds.
PERSONAL AND STATIS			AL CERTIFICATE OF DEA	
3. SEX 4. Color or Ra	ce 5. Single, Married, Widow- ed or Divorced (write the	21 DATE OF DE	ATH (month, day and yea	/28/3393
Male. White.  5a If married, widowed, or dinusband of (or) WIFE of	word Single.	22. I HEREAY C	ERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, d		to have occurred	on the date stated above, a	itm.
7. AGE Years Months	Days If LESS than	tongo WAFA 38	use of death and related ca follows:	Date of onset
8. Trade, profession, or part kind of work done, as a snwyer, bookkeeper, etc. 9. Industry or business in work was done, as silk snw mill, bank, etc 10. Date deceased last work ed at this occupation	which all.	11	Bom	
5 saw mill, bank, etc 10. Date deceased last work ed at this occupation (mo. and yr.)	11. Total time (years) n spent in this cocupation	Other contribu	tory causes of importance:	
(State or country)	vn)	•	• • • • • • • • • • • • • • • • • • • •	
13. NAME Jack C  14. BIRTHPLACE (city or (State or country)	ollins.		on	
14. BIRTHPLACE (city or (State or country)	ind•		med diagnosis? Was ther	
15. MAIDEN NAME Eliz		the following Accident, suicide	e, or homicide? Date	
16. BIRTHPLACE (city or (State or country)	Scotland.	_    (	ry occur?	
18 BURIAL CREMATION OF	ise Idaho.	public place.  Manner of injur	injury occurred in industry  ry	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
19. UNDERTAKER .Wm.M.C. (Address)  20. FILED .S 2.9., 1983.	Bratney Boise Jdaho A Registrar	of deceased?	or injury in any way relate	ed to occupation

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ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	
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* <b>9</b> 8F	GEIVED SEP 13 1933 STATE OF H	ОАНО
ery item cshould staff	CEIVED SEP 13 1933  PLACE OF DEATH  County of Nez Perce  City of Lewiston  CENTIFICATE OF III  CERTIFICATE	BLIC WELFARE DO NOT WRITE IN THIS SPACE STATISTICS
. Ev	Primary Registration District No  Primary Registration District No	ict No
RECORD. PHYSICIAN	2. FULL NAME Infant Frances Jones (a) Residence. No. 517 C Street	give its name instead of street and number.)
. <del>-</del> ×	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	
NENT FLY. ed. E	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH (month day and year) 8/6/33 193
BINDING A PERMAN  THE EXACTI  THE CLASSIFIES	Female Black or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 0/0/35 193  22. I HEREBY CERTIFY, That I attended deceased from
HAI TO A.	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw har alive on, 193 : death is said
R B IS A state operlicate	6. DATE OF BIRTH (month, day, and year) 8/6/33	to have occurred on the date stated above, atm.  The principal cause of death and related causes of importance
HIS IS A lid be state be proper certificate	7. AGE Years Months Days If LESS than 1 day, hrs. or min.	were as follows:  Date of onset  O'm alia - Birth Mark?
VED Bhould any be to of cer	8. Trade, profession, or particular kind of work done, as spinner,	
SER INK GE a it m	sawyer, bookeeper, etc	Born de de
REGING ING ING A A that	kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	Other contributory causes of importance:
ARGIN NFADI supplied rms, so	12. BIRTHPLACE (city or town) (State or country)  LEWISTON Idaho	sne
F to Y a u	13. NAME	Name of operation Date of
WITH arefull plain	13. NAME 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy? No 23. If death was due to exter causes (violence) fill in also the following:
. W in I		Accident, suicide, or homicide? Date of injury
LAINLY should be DEATH		Where did injury occur? (Specify city or town county, and State)
	17. INFORMENT Miss Frances Jones (Address) Lewiston Idaho	Specify whether injury occurred in industry in home, or in public place.
TE Pation	18. BURIAL, CREMATION, OR REMOVAL PlaceNOrmal Date 8 /, 193	Manner of injury
.—WRITE information CAUSE O		24. Was disease or injury in any way related to occupation of deceased?  If so, specify
C B.	29. FILED auf 10., 1933 June 18. Registrar.	(Signed) Clarason , M. D.  (Address) Lenstin Laure

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	ould ould	County of CERTIFICATE O	
	eh of (	City of Registration District No	37
j	N S T	Primary Registration Distric	ct No. 1083 Local Registrar's No. 104
4	SIA eme	(No	)
(	RECORD. 1 PHYSICIANS act statement	2. FULL NAME Laby Hall	give its name indeed of street and number.)
	4	(a) Residence. No	St.  (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
	GTLY fied.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ü	ERMANEN EXACTLY. classified. I	3.SEX 4. COLOR OB RACE 5. Single Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 25 193 3
Z	EXA	50 18 maried widowed on discount	22. I HEREBY CERTIFY, That I attended declared from, 193, to, 193
BINDING	A S P	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw h alive on 193 193 2 death is said
<b>A</b>	atate e state roperl	1 24/33	to have occurred on the date stated above, atm.
FOR	nis is a ild be state be proper	6. DATE OF BIRTH (month, day, and year) (1) LESS than	The principal cause of death and related causes of importance were as follows:
_ :	ild l	1 day,hrs. or min.	ATT HILLIAN
RESERVED	hor ay	8. Trade, profession, or particular kind of work done, as spinner,	Manual Control
ER	GE :	sawyer, bookeeper, etc.  9. Industry or business in which	
ES	AG AG nat ii on b	kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill saw mill, bank, etc.  10. Date deceased last worked at 11. Total time (years)	
,	DING	10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:
GIN	UNFADIA y supplied. terms, so thinstruction	year) odrupation	
		(State or country)	
		13. NAME (MUSIC) Haward	Name of operation Date of
	WITH carefull a plain t. See	13. NAME (MM) Havard  14. BIRTHPLACE (city or town)  (State or country)	What test confirmed diagnosis? Was there an autopsy?
		(State of County)	23. If death was due to exter causes (violence) fill in also the following:
	t H b	15. MAIDEN NAME (State or computry)	Accident, suicide, or homicide?
	LAINLY should b DEATH y imports	16. BIRTHPLACE (city or town)	(Specify city or town county, and State)
		17. INFORMENT Chas & Francisco	Specify whether injury occurred in industry in home, or in public place.
	E PL ion s OF I	(Address) Horalton John Tion	Manner of injury
	KITT mati SE Nie	Place Date Date 20193 3	Nature of injury
!	.—WRITE I information CAUSE OF TION is ve	19. UNDERTAKER CTG KILLER OCH	24. Was disease or injury in any way related to occupation of deceased?  M1 If so, specify
	1221	0 0 0 1 1 70	(Signed) AND.
	<b>=</b> ;	20. FILED Ung. 26, 193 3 Glo. C. Halley, M. Registrar.	(Address) Trum Talls duly
	Z		

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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

RECEIVED		-	<b>~</b>
PLACE OF DEATH	STATE OF ID	AHO	
	DEPARTMENT OF PUBI BUREAU OF VITAL	LIC WELFARE	DO NOT WRITE IN THIS SPACE
County of Ada	CERTIFICATE C		N85794
City of Boise	CERTIFICATE O		State File No.
	Registration District No		
	Primary Registration Distric		Local Registrar's No. 223
(If death cooperate	(No. Salvation Ar	my Maternit	y Tome
2. FULL NAME Bahy	i in a hospital or institution, gi Weir	ve its name instead	of street and number)
	Boise, Idaho		The State of Control of the State of the Sta
		mos. ds. How long i	sident give city or town and state) n U. S., if of foreign birth? yrs, mos. ds.
PERSONAL AND STATIS  3. SEX 4. Color or Ra		II	L CERTIFICATE OF DEATH
i. Color of Ra	ed or Divorced (write the	21. DATE OF DEA	August 30 1933
	word)		ERTIEY, That tended deceased from
5a. If married, widowed, or di- HUSBAND of	vorced	8-30	, 1930, to 6 3, 1933
6. DATE OF BIRTH (month d	ay and waar)	I last saw h	on, 193: death is said
6. DATE OF BIRTH (month de August 30, 19	33	11	on the date stated above, atm.
7. AGE Years Months	Days   If LESS than	The principal caus	se of death and related causes of impor-
Still born	1 day, hrs.	tance were as f	Ollows: Date of onset
8. Trade, profession, or parti	laulan	Tuel !	form '
kind of work done, as a sawyer, bookkeeper, etc.		Gort	acted perm
9. Industry or business in work was done, as silk n	m 111	<b>1</b> / )	
##W mill, bank, etc	• • • • • • • • • • • • • • • • • • • •	erenal	Compression
10. Date deceased last work ed at this occupation	n spent in this	Other contribute	ory causes of importance:
(mo. and yr.)		<b>37</b> 4	of the second second
12. BIRTHPLACE (city or tow (State or country)		Morker	(oyphilitie
	<u>Idaho</u>		
18. NAME YOOQTOW 14. BIRTHPLACE (city or (State or country)		Name of operation	Date of
14. BIRTHPLACE (city or (State or country)	town)Unkrown	lf ·	ed diagnosis? Was there an autopsy!
15. MAIDEN NAME Harriet E. Weir  16. BIRTHPLACE (city or town). McGregor (State or country) Town		23. If death was d	iue to exter'l causes (violence) fill in also
16. BIRTHPLACE (city or town). McGregor		the following: Accident, suicide,	homicide? Date of injury, 198.
(State or country) Iowa		Where did injury	occur?ecify city or town, county, and state)
17. INFORMANT . LVY . M. Loney			njury occurred in industry, in home, or in
(Address) Sal. Army Boise, Idaho		public place	•
		Manner of injury	
PlaceMorris Hill Date 9 1983  19. UNDERTAKER W. McBratney (Address) Boise Idahof			
19. UNDERTAKER .WMQ	drainey	of deceased?	r injury in any way related to eccupation
20. FILED 1 198 3	Will Rhoden	(Signed)	Quitomey/m D
198 D	Registrar.	*	Boise, Idaho

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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO PLACE OF DEAT DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of Rousen State File No... ECORD. Ever PHYSICIAN Registration District No .... Primary Registration District No. Local Registrar's No ... or institution, give its same instead of street and number) 2. FULL NAME Residence. No .... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. ers. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH. 3. SEX 4. Color or Race 5. Single, Married, Widow. ed or Divorced (write the 21. DATE OF DEATH (month, day and year word) 22. I HEREBY CERTIFY, That I attended deceased from If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 12. - A.M The principal cause of death and related causes of impor-AGE Days If LESS than 1 da .. hrs. min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) . occupation ...... 12. BIRTHPLACE (State or cot 18. NAME 14. BIRTHPLACE (city or town What test confirmed diagnosis .... Was there an autopsy ?... (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME he following: Accident, suicide, or homicide?..... Date of injury.., 193. TION Where did injury occur?..... (StateL (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) OCCUPA public place. ...... 18. BURIAL. (CREMATION OR REMOVAL Manner of injury..... Nature of injury.... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER 7 (Address) of deceased? . . (Signed) ... (Address) Registra

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ADDITIONAL SPACE	E FOR FURTH	HER STATEMENTS BY PHYSICIAN	
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RECEIVED JUT TO द्धा should state OCCUPA-STATE OF IDAHO Every item of DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE PLACE OF DEATH BUREAU OF VITAL STATISTICS County of Nez Ferce CERTIFICATE OF DEATH State File No ... City of Lewiston PHYSICIANS Primary Registration District No. ..... Local Registrar's No..... PERMANENT RECORD. (No. 128-10th Street (If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME Infant son of ar. & wrs. Tim Coloma Residence. No. 128-10th Street (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. (Usual place of abode) Length of residence in city or town where death occurred. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.SEX 5. Single, Married, Widowed, or Divorced (write the word) 4. COLOR OR RACE 21. DATE OF DEATH (month day, and year) Sept BINDING I HEREBY CERTIFY, That I attended deceased from...... Wig 7 193 3 .. to.... 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of I last saw ha... ...... death is said properly to have occurred on the date stated above, at ......m. 6. DATE OF BIRTH (month, day, and year) Sept. 13, 19 53The puincipal cause of death and related causes of importance MARGIN RESERVED FOR If LESS than were as follows: 7. AGE Years Months Days Date of onset 1 day,..... hrs. min. Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... 10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this occupation..... vear) Lewiston. 12. BIRTHPLACE (city or town).. (State or country) Idaho FATHER Tim Joloma 13. NAME Name of operation... Date of plain Hondal. What test confirmed diagnosis? ......Was there an autopsy? ..... 14. BIRTHPLACE (city or town).. (State or country) 23. If death was due to exter'Icauses (violence) fill in also the following: 1 very important. MOTHER Accident, suicide, or homicide? Date of injury 193 15. MAIDEN NAME DEATH Where did injury occur?. (Specify city or town county, and State) 16. BIRTHPLACE (city or town)..... (State or country) Specify whether injury occurred in industry in home, or in public Tim Coloma 17. INFORMENT (Address) OF 18. BURIAL, CREMATION, OR RESEARCH Sept. 1293 Nature of injury CAUSE 19. UNDERTAKER Vassar-Shaughnessy Mortuany Was disease or injury in any way related to occupation of deceased? TION NO If so, specify a (Address) Lewiston. (Signed)..... 20. FILED ...., 1933 Registrar. (Address)

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	••••••		

•	STATE OF ID DEPARTMENT OF PUE BUREAU OF VITAL CERTIFICATE O Registration District No Primary Registration District	STATISTICS  F DEATH  State File No.  Local Registrar's No.
2. FULL NAME Infant  (a) Residence. No. Gra  (Usual place of abode)	urred in a hospital or institution, Mr & Mrs Earl Mo ingeville, Idaho.	BHargue  St.  (If nonresident give city or town and state)
3.SEX 4. COLOR OR RACE White		MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH (month day, and year) 10/30/33 193  22. I HEREBY CERTIFY, That I attended deceased from 193 2 to 193 3
(or) WIFE of  6. DATE OF BIRTH (month, day, an  7. AGE Years Months  O  8. Trade, profession, or particulating sawyer, bookeeper, etc	ar er,  11. Total time (years) spent in this occupation.	I last saw handlive on
12. BIRTHPLACE (city or town) L  (State or country)  13. NAME Earl McHarg  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME CleO W  16. BIRTHPLACE (city or town) (State or country)  17. INFORMENT Earl McHa (Address) Graingev  18. BURIAL, CREMATION, OR REM Place Griangeville  10. UNDERTAKER VASSAr-S	ewiston,  ue  Kentucky  illiams  Oregon.  rgue  ille, Idaho.  OVAL  haughnessy Co.	Name of operation
	County of Nezperce  City of Lewiston  (If death occ Infant (a) Residence. No. Gra (Usual place of abode) Length of residence in city or town wh  PERSONAL AND STATIST  3.SEX  4. COLOR OR RACK HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and  7. AGE  Years  O  8. Trade, profession, or particulating of work done, as spinn sawyer, bookeeper, etc.  Note work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Cleo  16. BIRTHPLACE (city or town) (State or country)  17. INFORMENT (Address) Graingev  18. BURIAL, CREMATION, OR REM Place WILLE  19. UNDERTAKER (Address) Lewis ton	PLACE OF DEATH County of Nezperce  City of Lewis ton  Connected to Aboptic ton  City of Lewis ton  City of Lewis ton  Connected to Aboptic ton  City of Connected

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS, BY PHYSICIAN		
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# 9 1	I AOOO COMAND OF TO	AUO
item of ld state OCCU-	RECEIVED NOV S DEPT STATE OF ID	BLIC WELFARE DO NOT WRITE IN THIS SPACE
e	PLACE OF BEATH DESTAIRED OF VITAL	STATISTICS OCA 1 10
	County of CERTIFICATE O	1 (70411
very shou t of	City of Dukl Bitter V	F DEATH State File No
S K	Registration District No	
Z	Primary Registration Distri	ict NoL. Local Registrar's No
RECORD. E- PHYSICIANS Exact statemen	Q (No	,
E C 3		give its name instead of street and number.)
و <u>۳</u> کر	2. FULL NAME Saley Sale	Clary of 6
	(a) Residence. No. 328 - 81 cl ans So	St
<b>H H H</b>	(Usual place of abode) Length of residence in city or town where death occurred. * yrs. * mos.	(If nonresident give city or town and state)  ds. How long in U. S., if of foreign birth? yrs. mos. ds
E X	Length of residence in they of town where death occurred. X yrs. X mos.	ds. How long in C. S., it of foreign birth? yrs. mos. ds
VG MANE ACTLY	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
# <b>2</b> 5 #	3.SET 4. COLOR OB RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year)
RM RAA XAA	white Thingle	22. I HEREBY CERTIFY, That I atts 2 ded deceased from
NDIN PERN d EXA ly clai	5a. If maried, widowed, or divorced	BUTU 193 to Cel 944 198 2
Z d d d d	5a. If marled, widowed, or divorced HUSBAND of (or) WIFE of	I last saw halive of Lower 198 death is said
S A state of the s		to have occurred on the date stated above, at 122 m.
IS IS	6. DATE OF BIRTH (month, day, and year)	The principal cause of death and related causes of importance
S 2 4 4	7. AGE Years Months Days If LESS than	were as follows:
	1 dayhrs. or min.	Don't Toe Weller
TE Pos	8. Trade, profession, or particular	
W W E H E	kind of work done, as spinner, sawyer, bookeeper, etc.	
ESJ G I A G nat	work was done, as silk mill, saw mill, bank etc.	
REGING THE THE	0   10. Date deceased last worked at   11. Total time (years)	Other contributory causes of importance:
	this occupation (month and spent in this vear)	
RGI FA] Pplic	12. BIRTHPLACE (city or town) June 1	
IAR UNF supj ferme	(State or country)	
	13. NAME & X Duglas	Name of operation Move Date of
WITH arefull plain tant.	13. NAME  14. BIRTHPLACE (city or town)  (State or construction)	What test confirmed diagnosis? Was there an autopsy?
WITU refu plai	(State or country)	23. If death was due to exter leauses (violence) all in also the following:
ILY, \ d be ca TH in import	15. MAIDEN NAME da. M. Pasani	Accident, suicide, or homicide? MWM Date of injury 198
E P P		Where did injury occur?
AINI ould EAT ery in	6 16, BIRTHPLACE (city or town)	(Specify city or town, county, and State)
LAINL) hould be DEATH	(State of county)	Specify whether injury occurred in industry in home, or in public
<u> </u>	17. INFORMENT (Address)	place.
E F		Manner of injury
WRITE formatio	18. BURIAL, CALMATION, OR THINGNAL Date 1933	Nature of injury
VRIT ormat USE TION	10 10010 - 10 10010	24. Was disease or injury in any way related to occupation of deceased?
	19. UNDERTAKER (Address)	If so, specify Meyor 19
្រឹងខ្ម	17/11/19/11/	(Signed) / Ce hush M.D.
<b>.</b>	20. FILED 0- 7, 1937   (1) (1)   Registrar.	(Address) Bull Ida
Z	at globali.	

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EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of onset Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

TARRIEN OF ILLAND THE PARTY SOUTH THE VICE STATISTICS HEART TO SEE MILES THE REST CO. The state of the s Pin Ross Faller Therest Vo. nothuttest in father the THE SAME OF CHEED iff schilling, sinetitate the work shifthing the dans in ord Logist Line of Caroline foliate who is more of which mental men the throphy was used to sevent Ophthalists Assessment that at ship of this mother including property to the the thorn affect and now hope to Bern elle but non deal MATIEN IFO LINE B COMPORT PATINE NAME Clerence sorier Perilburg Land place of theods ..... Come of race the Age at hast Shrinday (Young) Color or race Thut C. ..... Age at the total Wisibal or is mile Buchplage 21 1072 30, Strate of County of City and State of Occupation City and City an (City and State or Country) CHARGOTH OF TALE DING BANDICHE OF MIRESPACE Therefor cavific and a streeted the birth of alls obits, who was a produced Joseph we die olde out out (Signature) Cathere the responding physichen (Physical to unitaryiti) of midself of the case fallow, some holder, or self-born on the case of the ca

ED TEU . 134 should state OCCUPA-STATE OF IDAHO DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE PLACE OF DEATH BUREAU OF VITAL STATISTICS County of.....Bannack State File No..... Pocatello Registration District No..... PHYSICIANS Local Registrar's No. 2 Primary Registration District No. 2/6. RECORD. Shorta Hogastead of street and number. FULL NAME Residence. No..... (If nonresident give city or town and state) (Usual place of abode) ds. How long in U. S., if of foreign birth? HZMZ Length of residence in city or town where death occurred. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. Single, Married, Widowed, 3.SEX 21. DATE OF DEATH (month day, and year) or Discreed 1 write the word) Boy White HEREBY CERTIFY. That I attended deceased from 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of to have occurred on the date stated above, at..... 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance If LESS than were as follows: Date of onset 7. AGE Years Months Days 1 day, ..... hrs. Still Born MARGIN RESERVED 8. Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... 11. Total time (years) 10. Date deceased last worked at this occupation (month and spent in this year) ..... occupation... 12. BIRTHPLACE (city or town) Pocate or Tdaho (State or country) Name of operation 13. NAME plain What test confirmed diagnosis? . Was there an autopsy 14. BIRTHPLACE (city or town)......Knaa. (State or country) 23. If death was due to exter'lcauses (violence) fill in also the following: important. MOTHER Johnson 15. MAIDEN NAME DEATH Where did injury occur? Neb. 16. BIRTHPLACE (city or town)..... (Specify city or town county, and State) (State or country Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) Blackfoot Idano **O**F Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury CAUSE 24. Was disease or injury in any way-related to occupation of deceased? TION 19. UNDERTAKER If so, specify (Address) (Address)

## UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

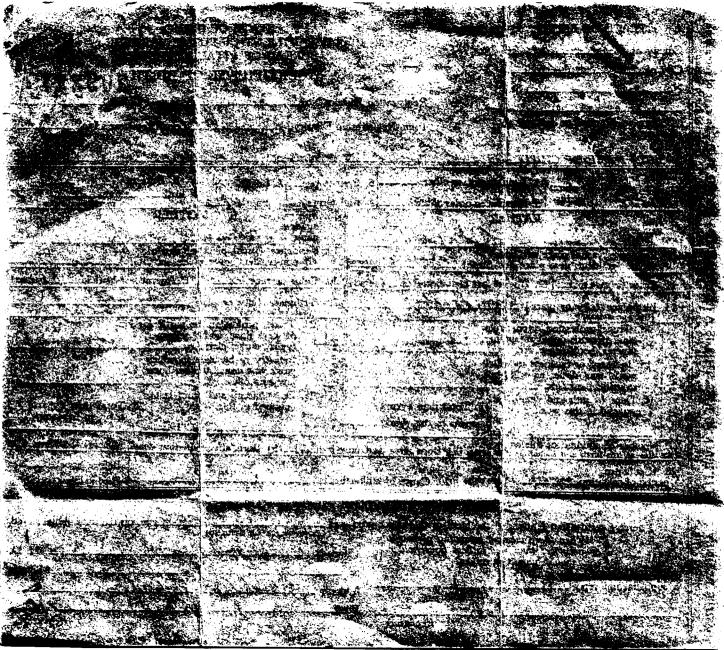
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

than	STATE OF IDAHC COUNTY OF BIRTECEIVED EB 11 1933 DEPARTMENT OF PUBLIC	WELFARE C
more ated.		TISTICS D
무류	City of Pocalcel  St.  CERTIFICATE OF B	IRTH O O O O O d
th st	No St.	KUBKKI.
birth	Registration District NoSt	ate File No
er of		al Registrar's No. 25
N. B. In ord		16
Z g	Z 5 2. FULL NAME OF CHILD	
PERMANENT RECORD. h, and the number of each.	3. Sex If plural 4. Twin, triplet, or other 6. Premature 7. Legitibirth 5. Number, in order of birth Full terms mate?	Date of h 3/ 1932
원형	9. Full FATHER   18. Full MOTH	C (MUNICIPALITEDAR)
MT. R	name William @ Dluart name Melving	Pape -
N E	10. Residence (usual place of abode) (If non-resident, give place and State)  19. Residence (usual place of abode) (If non-resident, give place a	ada)
RMA and t	11. Color or race 12. Age at last birthday 38 (years) 20. Color or race 12. A	ge at last birthday3.7. (years)
A E	13. Birthplace (city or place)  (State or country)  22. Birthplace (city or place)  (State or country)	Beselt
A PE	(State or country) (State or country)	Olsh -
IS for e	23. Trade, profession, or particular	ncuiar kind
	kind of work done, as spinner, Jarme Z of work done, as houseke typist, nurse, clerk, etc.	yes, / dec.
THIS made	Sawyer, bookkeeper, etc.  Sawyer, bookkeeper, etc.  15. Industry or business in which  work was done, as silk mill.	hich
ام ا	work was done, as silk mill,  work was done, as own lawyer's office, silk mill,	ome, etc
	[ ]   St.   St.	ast
	engaged in this work 17. Total time (years) of engaged in this work	26. Total time (years) spent in this work
S ₹	spent in this work, 19	spent in this work
WI <b>TH UNFADING INF</b> a Separate Return must	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living(b) Born alive but no	w deadO(c) Stillborn
E E	ZE 28. If stillborn, G months	. Before labor
5 2	28. If stillborn, period of gestation from a converge of stillbirth period of gestation from the converge of stillbirth	During labor
ES	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
N.	CERTIFICATE OF ATTENDING PHISICIAN OR MID WILL	
		12 m. on the date above stated.
PE	When there was no attending physician or midwife, then the father, householder, (Signed)	, м. D.
a A	etc., should make this return.	
PLAINLY nild at birth,	Give name added from	, Midwife
WRITE PLAI	Give name added from a supplemental report	CA P
Z all	Filed 2 et 9 , 193 =	A May
\$	Registrar.	Registrar.
	· ·	, partition



very item of should state it of OCCU-	PLACE OF DEATH  County of Bannock  CERTIFICATE O	STATISTICS DO NOT WRITE IN THIS SPACE
NT RECORD. IS. PHYSICIANS, Exact statemen	City of Tyhee Registration District No.  Primary Registration District No.  (No. Residence at (If death occurred in a hospital or institution, 2. FULL NAME Infant Stuart  (a) Residence. No. Ranch at Tyhee (Usual place of abode)  Length of residence in city or town where death occurred. yrs. mos.	ct No. 2 1 L Local Registrar's No. 2 Tyhee give its name instead of street and number.)  St.  (If nouresident give city or town and state)
NDING PERMANE d EXACTLY ly classified cate.	PERSONAL AND STATISTICAL PARTICULARS  3.SEX 4. COLOR OR RACE or Divorced (write the word)  Liale White Infant  5a. If maried, widowed, or divorced	21. DATE OF DEATH (month day, and year) Jan 31 193 3  22. I HEREBY CER'IIFY, That I attended deceased from 1932, 1932, to 31, 1932.
FOR BI	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) Jan 31, 1933  7. AGE Years Months Days If LESS than 1 day,	I last saw he alive on the date stated above, at I mortance were as follows:  Date of onset
RESERVING INK.  AGE sthat it metion on	8. Trade, profession, or particular kind of work done, as spinner. Infant sawyer, bookeeper, etc.  9. Industry or business in which work was done, as stik mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years) spent in this occupation.	Other contributory causes of importance:
MAI UN y suj tern See	12. BIRTHPLACE (city or town) Tynee (State or country) Idaho	Name of operation
ILY, WITH d be carefull TH in plain	14. BIRTHPLACE (city or town) American Fork (State or country) Utah  15. MAIDEN NAME Melvian Pope	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to exter deauses (violence) fill in also the following:  Accident, suicide, or homicide? Date of injury, 193.  Where did injury occur?
3 PLAINLY on should be OF DEATH	16. BIRTHPLACE (city or town) Basalt (State or country)  17. INFORMENT (Address) Tynee Idano	Where did injury occur? (Specify city or town county, and State)  Specify whether injury occurred in industry in home, or in public place.  Manner of injury
WRITE informatio GAUSE O	18. BURIAL, CREMATION, OR REMOVAL Date Feb 1, 1833  19. UNDERTAKER Arthur W. Hall (Address) Pocatello Imaho	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify
z Z	20. FILED Jel., 1983 Registrar.	(Signed) M.D.  (Address) Faculta Silo.

## UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

EVAMPLE I

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9.—The industry of business in which the work was done.

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83.			-
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Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
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Annual Control of the		and the second of the second o	

ore than ted.	1. PLACE OF BIRTH ECEIVED FEB 6 STATE OF IDAHO County of Sauch ECEIVED FEB 6 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 209270 City of Sauch Equation 1 CERTIFICATE OF BIRTH
e of more th stated	NoSt. 57
birth	Registration District 140
무이	(If born in hospital or institution Prim. Registration District No. 2022 Local Registrar's No. 12
P. F.	I dive name.)
Zg	2. FULL NAME OF CHILD Stellow
RECORD.	3. Sex   If plural 4. Twin, triplet, or other 6. Premature 7. Legiti- 8. Date of / 2 / 1935 births 5. Number, in order of birth Full term year mate? (MONTH, DAY, YEAR)
	9. Full Sem FATHER.  18. Full monden harlotte Howard
N S	10. Residence (usual place of abode) (If non-resident, give place and State)  19. Residence (usual place of abode) (If non-resident, give place and state)
MA Pd t	11 Color or race Thull Age at last hirthday 3 9 (years) 20, Color or race Thull 21, Age at last hirthday 3 Hivears)
PERMANENT ch, and the numb	13. Birthplace (city or place) act land 22. Birthplace (city or place) Wey and was
IS A for ea	23. Trade, profession, or particular kind of work done, as spinner.
THIS made	sawyer, bookkeeper, etc
1 2	To, industry of business in which
Pust IN	
Z S	, 19, 19    , 17, 17, 17, 17, 17, 17, 17, 17, 17, 18
UNFADING ATE RETURN D	(At time of this birth and including this child) (a) Dorn anve and now now now and now now and now now and now now now and now
WITH UNF a Separate 1	28. If stillborn, fully months period of gestation times or weeks 29. Cause of stillbirth Extra gunation literary During labor
SEPA	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
	I hereby certify that I attended the birth of this child, who was stellform at I m. on the date above stated
NLY birth,	( When there was no attending physician)
AIN at b	or midwife, then the father, householder, (Signed)
PLA ild a	Give name added from
	a supplemental report (DATE OF)  Address Hally Land -
/RITE	Mied
<b>A</b>	Registrar. Registrar.

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		STATE OF I	DAHO
יי מס		RECEIVED DEPARTMENT OF PUBL	IC WELFARE DO NOT WRITE IN THIS SPACE
LANS OC-		PLACE OF DEATH FEB 6 BUREAU OF VITAL S	DEATH State File No. 82048
PHYSICIANS ment of 0C-	Co	ounty of Registration District No.	57
HY	Ci	ty of Haeley Primary Registration Distri	ict No. 2022/ Local Registrar's No.
r, F aten		(No(If death recognized in at hospital or institution	, give its name instead instead of street and number.)
U. T.	2.	FULL NAME Stillow	200
RECORD EXACTLY, PHYS Exact statement		(a) Residence. No.	St,
HE HE	Lei	(Usual place of abode) ngth of residence in city or town where death occurred yrs. mos.	(If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERMANENT hould be state erly classified.		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
AMI be s	3,	4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH
y cld	_5	remail made	(Month) (Day) (Year)
S A PERM RE should properly of	5 <b>a</b>	If married, widowed, or divorced HUSBAND of	
IS A AGE projecte.		(or) WIFE of	17 I HEREBY CERTIFY, That I attended deceased from
		DATE OF BIRTH (month, day and year) /- 21-1933	that I last saw h alive on
plied. may be certifi	′	AGE Years Months Days If LESS than 1 day, hrs.	and that death occurred, on the date stated above, at m.
NK—TH supplied it may k of cer	8	OCCUPATION OF DECEASED	The CAUSE OF DEATH* was as follows:
G IN Illy si that back	ı	(a) Trade, profession, or particular kind of work.	Cey Sanguenation ( literine
O H +2		(b) General nature of industry.	<u>'</u>
1 8 × 8		business, or establishment in / which employed (or employer)	CONTRIBUTORY
UNE be term retion		Mail or simpleyer	(Secondary) (duration) yrs mos ds.
ITH UNFA hould be colain terms instruction	9	BIRTHPLACE (city or town) (State or country)	18 Where was disease contracted If not at place of death?
- 'es		10 NAME OF FATHER	Did an operation precede death?
fion H in See	ြ	44 PURILIPLACE OF FACTOR (ALTONOMY)	Was there an autopsy?
LAINLY oformati DEATH rtant.	RENT	11 BIRTHPLACE OF FATHER (city or town) (State or country)	(Signed) What test confirmed plagnogle? A. Wright M.D.
E PLAINLY of informati OF DEATH mportant.	PARE	12 MAIDEN NAME OF MOTHER Phanes	1-32, 1933 (Address) Harley Aw
E.O.F	"	6 acoul forman	*State the DISEASE CAUSING DEATH, or in deaths from VIO-
WRIT item CAUSE very		(State or country) State or country)	LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
<b>Pa</b> .==1	14	Informant Menn Rigel	19 Place of Burial, Cremation, or Removal Date of Burial
Every state (TION is		(Address) Hailou Idaho	Hailey Ideho /- J2 19 33
Jd s	15	Filed I-2 1933 (P. H. Wright-	20. Undertaker Address
N. 1 Shou		Filed 1939	Jamily - Haileytha

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using aways the same accepted term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherla (avoid use of "Croup"); Typhold fever (never report 'Typhoid Pneumonia'); Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic Interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," 'Convulsions," "Debility," ("Congenital," "Senile," etc.). "Dropsy." "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition." "Marasmus." "Old age." "Shock. "Uraemia." "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICID-AL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

PRESENTED FEB 4 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE PERMANENT RECORD BUREAU OF VITAL STATISTICS 209313 CERTIFICATE OF BIRTH No. Registration District No. State File No. Prim. Registration District Now \_\_\_\_\_ Local Registrar's No..... (If born in hospital or institution give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of shild) Number Twin Date of Legitiand 4 in order Sex of Triplet birth . Lan.... mate? Child . or other? (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth. (a) Born alive and now living..... Born alive but now dead O Stillborn ... FULL MAIDEN If non-resident, give place and State It non-resident, give place and State..... City and State or County) (City and State or County) Occupation .. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) ..... \*Where there was no attending physician? or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth. Registrar.

MALTANE OF PURE PARTY TO THE Bound of the MEMAN OF VERMICE CHRISTING ALLEY OF BIRTH Burraifen District No. Many before to Materials, prom en managed drough 19 Pate of tolero al vaca l'accidente de l'acci Mirit The southfacts som shot to present Ophthalinia Soundarrow? Number of this of this maker paradist against birth ......... (a) Born slight and now from 330d#### Rosen aftive but now double many MI THAT Color of range ..... Mary Birthday Color or race and and an army at the B Birthplere ... 1005 and sign or more Occupation ..... OKETIPUTATION OF AMERICAN PHYSICIAN OR MIDWING stronged the hirth of this chiftd, who was stillhorn (Mignalure) .... The company of the state of the Physician or entired or mid all these the father, house ote, desired angles this product, desired and the first section for the section for the section for the section of the section

RECEIVED FEB 4 STATE OF IDAHO 1933 DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE PHYSICIAN BUREAU OF VITAL STATISTICS State File No. ..... CERTIFICATE OF DEATH Registration District No. Local Registrar's No. Primary Registration District No. .... ospital or institution, give its name instead of street and number.) (a) Residence. No. ..... (If nonresident give city or town and State.) (Usual place of abode.) How long in U. S. if of foreign birth? Length of residence in city or town where death occured. mos. MEDICAL GERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 8. SEX COLOR OR RACE 5. Single, Married, Widowed. 16. DATE OF DEAT or Divorced (write the word.) (Year) (Day) (Month) 5a. If married, widowed, or divorced ERTIFY, That I attended Acceased from HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day and year) If LESS than 1 day, 7. AGE Years Months and that death occurred, on the date stated above, \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry. business, or establishment in which employed (or employer) (c) Name of employer (duration) 9. BIRTHPLACE (city or town) (State or country) CONTRIBUTORY ..... (Secondary) 10. NAME OF FATHER (duration) .....yrs. ....mos. Where was disease contracted if not at place of death?...... PARENTS .11. BIRTHPLACE OF FATHER (State or Country) Did an operation precede death?... Date of ... Was there an autopsy? plnods 18. BIRTHPLACE OF MOTHER (city ₄ (State or County) Date of Burial 14. Place of Burial Comation, or Removal Informant (Address) Address Undertaker 20. Registrar.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery: (a) Foreman. (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer." etc. without more precise specifications, as Day laborer Farm laborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"); Diptheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"): Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin): "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility." ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia." "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

PLACE OF BIR RECEIVED = STATE OF IDAHO 193 DEPARTMENT OF PUBLIC WELFARE Country of Danison BUREAU OF VITAL STATISTICS () 9 3 haldwell 2 CERTIFICATE OF BIRTH State File No.\_ Registration District No... (If born in hospital or institution Prim. Registration District No. 2005 Local Registrar's No.. give name.) 2. FULL NAME OF CHILD\_ 4. Twin, triplet, or other\_\_\_\_\_ 8. Date of 6. Premature\_\_\_\_ 7. Legiti-3. Sex If plurai births Inal Full termues mater 5. Number, in order of birth\_\_\_\_ ( MONTH, DAY, YEAR 18. Full MOTHER Q. Full FATHER maiden grewl name ' PERMANENT cam Hasucy 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) 202 (If non-resident, give place and State) 11. Color or race While 12. Age at last birthday 4 (years) 20. Color or race 122 21. Age at last birthday 20 (years) 22. Birthplace (city or place) Kankin 13. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, ATION typist, nurse, clerk, etc\_\_\_\_\_\_ sawver, bookkeeper, etc. \_\_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home, Jauseure work was done, as silk mill, lawyer's office, silk mill, etc. / sawmill, bank, etc. \_ 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work .... spent in this work\_\_\_\_ (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead\_\_\_\_(c) Stillborn\_ 27. Number of children of this mother Before labor 28. If stillborn. months period of gestation\_Q\_4 or weeks 29. Cause of stillbirth During labor \_\_\_ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 2.4. m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. ...., Midwife Give name added from a supplemental report\_\_\_\_\_ (DATE OF) \_, 1935\_ Whinds. Registrar. Registrar.

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County of Caribaci	DEPARTMENT OF PUBLIC WELFARE
	CERTIFICATE OF BIRTH 209396
	CERTIFICATE OF BIRTH
NoSt.	12
E Caribas Hospital Registration D	District No
(If born in hospital or institution Prim. Registra	ation District No. 2 / 9 Local Registrar's No.
m 2 minute.)	
Z 9 2. FULL NAME OF CHILD Calvus	to Ruth Sulffare
	Premature 7. Legiti- 8. Date of
	birth 193. 193.
O'd 777 (5. Number, in order or birth	Full term mate? 70 (MONTH, DAY, YEAR)  ## 18. Full  MOTHER
	maiden A A A A A A A A A A A A A A A A A A A
Milchel Rush	19. Residence (usual place of abode)
10. Residence (usual place of abode) (If non-resident, give place and State)	(If non-resident, give place and State)
10. Residence (usual place of abode) (If non-resident, give place and State)  11. Color or race	20. Color or race21. Age at last birthday \( \( \forall \) (years)
13. Birthplace (city or place) Findley, Ohio	22. Birthplace (city or place)
(State or country)	23. Trade, profession, or particular kind
kind of work done, as spinner.	of work done, as housekeeper formula typist, nurse, clerk, etc.
sawyer, bookkeeper, etc.    Sawyer, bookkeeper, etc.   15. Industry or business in which work was done, as silk mill.	typist, nurse, clerk, etc
work was done, as silk mill,	work was done, as own home,
sawmill, bank, etc.  16. Date (month and year) last 17. Total time (years) 2.	
	on engaged in this work 26. Total time (years)
rhall O	spent in this work 20
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and n	1,42-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-
<b>□</b> □11 ·	now living 5 (b) Born alive but now dead 2 (c) Stillborn 1  Before labor.
28. If stillborn, months period of gestation or weeks 29. Cause of stillb	
T 311	
CERTIFICATE OF ATTENDIT	NG PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who	Was Was at 4.7 m. on the date above stated. (BORN ALVEL OR STILLBORN)
When there was no attending physician	(Signed) Kussese Tiget, M. D.
( etc., should make this return.	Bild-de
A =   Give name added from	
(DATE OF)	Address
<b>~ Q </b>	Filed 31 , 1935 At At State
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Length of residence in city or town where death occurred.  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  S.SEN  4. COLOR OR RACE  S. Single, Married, Widowed, or divorced  HUSSARD of COT WIFE	T RECORD. Every item of	nen nen	PLACE OF DEATH  PLACE OF DEATH  County of Carlor  City of January Registration District No. 2  Primary Registration District No. 2  Primary Registration District No. 2  (If death occurred in a hospital or institution,  (a) Residence. No.  (Usual place of abode)  Length of residence in city or town where death occurred. yrs. mos.	CELIC WELFARE DO NOT WRITE IN THIS SPACE 82127  State File No. Local Registrar's No. 3
3.5EX 4. COLORO REACE 5. Single, Married, Widowed, or Divorced write the word of Divorced write the wo	KEN			MEDICAL CERTIFICATE OF DEATH
to have occurred on the date stated above, at Jam.  The principal cause of death and related causes of inportance  The principal cause of death and related	<b>აგ</b> {	ا 🖁 🗟	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)  5a. If maried, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from
Eind of work done, as spinser, set.  9. Industry or business in which work was done, as saik mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and year)  11. BIRTHPLACE (city or town).  12. BIRTHPLACE (city or town).  13. NAME  14. BIRTHPLACE (city or town).  15. Maiden NAME  16. BIRTHPLACE (city or town).  16. BIRTHPLACE (city or town).  17. INFORMENT  18. BURIAL, Chemation, Ob removal by the following:  19. Informent		uld be stated be properl k of certific	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMENT  18. BURIAL, CREMATION, OB REMOVAL  19. UNDERTAKER  19.	VE	shor nay bac		matural
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMENT  (State or country)  18. BURIAL, CREMATION, OR REMOVALE  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. DATE  11. BIRTHPLACE (city or town)  12. BIRTHPLACE (city or town)  What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Substitute  Confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide?  (Specify whether injury occurred in industry in home, or in public place.  (Address)  18. BURIAL, CREMATION, OR REMOVALE  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)	RES.	d. AGE of the state of the stat	II - I this occupation (months and	Other contributory causes of importance:
What test confirmed diagnosis? Was there an autopsy? Market or country)  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMENT  (Address)  18. BURIAL, Chimation, Oh Removal  Place  19. UNDERTAKER  (Address)  (Signed)  What test confirmed diagnosis? Was there an autopsy? Market or country and stone following:  Accident, suicide, or homicide? Date of injury occurred in industry in home, or in public place.  Manner of injury  Nature of injury  Nature of injury  (Signed)  (Signed)  (Signed)  M. D.  (Signed)	IARGII	pp na in	12. BIRTHPLACE (city or town)	- 1.06 Deliver - 1/10/3
Accident, suicide, or homicide? Date of injury, 193    15. MAIDEN NAME   Shell shime   Accident, suicide, or homicide?   Date of injury, 193   16. BIRTHPLACE (city or town)   Specify whether injury occurred in industry in home, or in public	M H;	= =	13. NAME With Anth	D.C.
(State or country)    Comparison of the place   Specify whether injury occurred in industry in home, or in public place.   Comparison of the place   Specify whether injury occurred in industry in home, or in public place.   Comparison of the place   Specify whether injury occurred in industry in home, or in public place.   Comparison of the place   Specify whether injury occurred in industry in home, or in public place.   Comparison of the place   Specify whether injury occurred in industry in home, or in public place.   Comparison of the place   Specify whether injury occurred in industry in home, or in public place.   Comparison of the place   Specify whether injury occurred in industry in home, or in public place.   Comparison of the place   Specify whether injury occurred in industry in home, or in public place.   Comparison of the place   Specify whether injury occurred in industry in home, or in public place.   Comparison of the place   Specify whether injury occurred in industry in home, or in public place.   Comparison of the place   Specify whether injury occurred in industry in home, or in public place.   Comparison of the place   Specify whether injury occurred in industry in home, or in public place.   Comparison of the place   Specify whether injury occurred in industry in home, or in public place.   Comparison of the place   Specify whether injury occurred in industry in home, or in public place.   Comparison of the place   Specify whether injury occurred in industry in home, or in public place.   Comparison of the place   Specify whether injury occurred in industry in home, or in public place.   Comparison of the place   Specify whether injury occurred in industry in home, or in public place.   Comparison of the place   Specify whether injury occurred in industry in home, or in public place.   Comparison of the place   Specify whether injury occurred in industry in home, or in public place.   Comparison of the place   Specify whether injury occurred in industry in home, or injury occurred in indu	LI M	nref 1. pla tant		23. If death was due to exter leauses (violence) all in also the following:
17. INFORMENT (Address)  18. BURIAL, CREMATION, OR REMOVAL Date Place.  19. UNDERTAKER (Address)	NLY,	ild be c ATH in 7 impor	15. MAIDEN NAME Shimes  16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town county, and State)
19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)	PLA	a 5± 42	17. INFORMENT Mitchel Routh	place.
19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)	IT R	E O		
Signey (Signey)	WR		19. UNDERTAKER & D. Luliture	1
	f. B.—	in CA	20 FILED /- 3/ 193 3 Dr. N. Zigert	(Signed) Russell Just M. D.

## UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

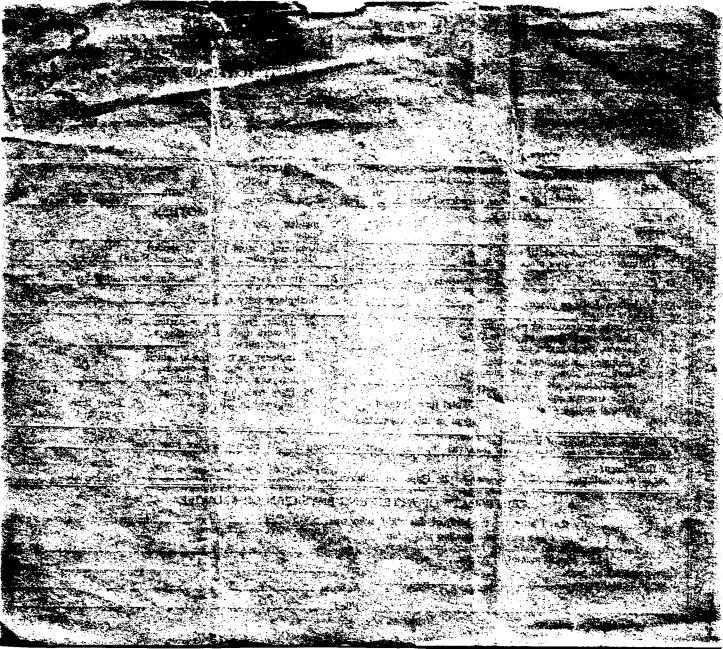
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1928	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			•••••••••••••••••••••••••••••••••••••••

1. PLACE OF BIRTH RECEIVE STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE Clarwate BURBAU OF VITAL STATISTICS \*\*CERTIFICATE OF BERTH Rente Pile No. Registration District No. give name.) mother in relain Host - Prim. Registration District No. (If born in hospital or Institution FULL NAME OF CHILD. 8. Date of 4. Twin, triplet, or other. 6. Premature 7 7. Legiti-3. Sex If plurai births 5. Number. in order of birth. Full term. mai ( MONTH, DAY, YEAR MOTHER 18. Fun 9. Pull **FATHER** maiden name ana 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) Hellyword 21. Age at last birthday\_1.8 (years) 11. Color or race W 12. Age at last birthday 18 (years 20. Color or race... 13. Birthplace (city or place) Canada 22. Birthplace (city or place)\_ (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper kind of work done, as spinner, typist. nurse. clerk, etc\_\_\_ sawyer, bookkeeper, etc. \_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawver's office, silk mill, etc. sawmill, bank, etc. \_\_\_ 25. Date (month and year) last 16. Date (month and year) last engaged in this work 26. Total time (years) 17. Total time (years) engaged in this work spent in this work... spent in this work 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (L) Born alive but now dead (c) Stillborn Before labor \_= 28. If stillborn. ( months period of destation\_\_\_ or weeks 29. Cause of stillbirth During labor\_ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Alellhorn. ... m. on the date above stated. When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report\_\_\_\_\_ (DATE OF) Registrar. Registrar.



STATE OF IDAHO RECEIVED FEB 6 1933 DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS State File No. ..... PLACE OF DEATH CERTIFICATE OF DEATH Cleanwater Registration District No. Primary Registration District No. 2/87 Local Registrar's No. .. A death occurred in shospital or institution, give its name instead of street and number.) 2. FULL NAME .... (a) Residence, No. (If nonresident give city or town and State.) (Usual place of abode.) How long in U. S. if of foreign birth? Length of residence in city or town where death occured. vrs. maos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16, DATE OF DEATH 8. SEX Single, Married, Widowed, 4. COLOR OR RACE or Divorced (write the word.) Bom dead male 5a. If married, widowed, or divorced 17. I HEREBY CERTIFY, That I attended deceased from HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day and year) / - 7 that I last saw h alive on..... 7. AGE Years If LESS than 1 day, and that death occurred, on the date stated above, at..... Months hrs. or \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH\* was as follows: 8. OCCUPATION OF DECEASED (a) Trade profession or Born dead - orwhatly constructed particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer) ..... auto on way to Hospital 7 (c) Name of employer \_\_\_\_\_(duration) \_\_\_\_\_yrs. \_\_\_\_mos. \_ on the Thway coming to (State or country) CONTRIBUTORY (Secondary) 10. NAME OF FATHER (duration) .....yrs. ....mos. 18. Where was disease contracted if not at place of death?..... 11. BIRTHPLACE OF FATHER (city or town)... Did an operation precede death !..... Date of ..... (State or Country) Was there an autopsy?..... Elser May Me 12. MAIDEN NAME OF MOTHER What test confirmed diagnosis 18. BIRTHPLACE OF MOTHER (city or town) College 7 , 19.3.3 (Address) Ow (State or County) me Elsie May Lang Date of Burial 19. Place of Burial, Cremation, or Removal Informant an (Address) Undertaken Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory, The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer." etc. without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

13.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"): Diptheria (avoid use of "croup"): Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia: Bronchopneumonia ("pneumonia," unqualified, is indefite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ................................ (name origin): "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms: Measles: Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary). 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia." "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.). "Dropsy." "Exhaustion." "Heart Failure." "Hemorrhage." "Inanition." "Marasmus." "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

<u>•</u>	PEACE(OFBIREFIED FR 1 /2 1099	STATE OF IDAHO
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RECORD ust be ma	County of	BUREAU OF VITAL STATISTICS
응율	City of ST. Cufficy	
REC	J	certificate of Birth 209474
<b>X E</b>	No St.	
£ .	Registration Dis	trict NoState File No
IS A PERMANEN ARATE RETURN der of birth stated		on District No.2/77 Local Registrar's No.142
253		
	FULL NAME OF CHILD LONDON	mo.
E RED	(If stillborn, so	abstitute the word "Stillbirth" for name of child)
X M	Twin 7   Number	// Tagitt / Date of /
758	Sex of Triplet and in order of birth	4 Legiti- Mate of 2 3/ 1935
A 2 .	Child Male or other? of birth (To be answered only in event of plural births	(Month) (Day) (Year)
EPAR order		V 0-27 // 17
	What prophylactic was used to prevent Ophthalmia	
E 20 E	Number of child of this mother, including present birth.	
	Born alive but now dead	• •
Sech,	Born anve but now dead	
7.6	FATHER A C.	FULL MOTHER MAIDEN
4 4	NAME Wir Raymond Musers.	NAME arba Carker
9 - x	Britan ( love short) St. authory	At authors 1
ADEN child rmbe	Residence (Usual place of abode)	Residence (Usual place of abode)
FADIN e child number	It non-resident, give place and State	If non-resident, give place and Style
	Color or race Mutage at last Birthday 23	Color or race Man Age at last Birthday
E e d	Years)	(Years)
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E this	(City and State or County)	(City and State or County) Occupation
2.4	Occupation Javan	
7 6 4	CERTIFICATE OF ATTENDIN	IG PHYSICIAN OR MIDWIFE
		Sern alive
ENL	I hereby certify that I attended the birth of this	child, who was Stillborn at
fo of	on the date above stated.	PM. K. Ola M. A
PLA case fe	. (8	ignature) O. Mr. Kelly M. D
_	*Where there was no attending physician	
	or midwife, then the father, householder,	. (Physician or midwife)
	etc., should make this return. A stillborn	
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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE RECORD County of ... BUREAU OF VITAL STATISTICS 209475 CERTIFICATE OF BIRTH No. -----Registration District No..... RETURN of birth stated (If born in hospital or institution Prim. Registration District No. 2/77 Local Registrar's No. /63 give name.) FULL NAME OF CHILD ... (If stillborn, substitute the word "Stillbirth" for name of shild) Number Twin Date of Legiti-Sex of in order Triplet birth ... Child Ma mate? or other? (To be answered only in event of plural births) (Da) (Year What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth...... (a) Born alive and now living Born alive but now dead......Stillborn ..... FULL MAIDEN Residence (Usual place of abode) Residence (Usual place of abode) M-non-resident, give place and State It non-resident, give place and State Color or race. (Years) Birthplace .... (City and State, or County) State or County Occupation ..... Occupation ..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. Rorn alive I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) .... \*Where there was no attending physician? or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

PRINCIPAL OF WHAT AN APPRICE LIE 40 TEL FERRISS Registration District No. Prim Redistration District to the Registrate Land is stilliore, substitute the word - resident for safety sends drift in other TOTAL COMMON TOTAL (Ic be meneral and rate on event of the latter) Burg alter the man seed ... PATTER. Maniague Canal place of Linds contendent give place and firste. Color or race was not be the st Calma at heat Birtheley. Merch place The Care

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8 1	City of Registration District No	24
EV S 1	Primary Registration Distri	ct No Local Registrar's No. 2.0.8
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E C E	(If death occurred in a hospital or institution,	
YS.	2. FILL NAME	usurau )
IT RECORD. PHYSICIAN Exact statemen	(a) Residence. No	St.  (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
ANENT CTLY. fied. Es	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RMANE) XACTLY assified.	3.SEX 4. COLOR OB RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) /~/4 193 5
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対反は	3. If maried, widowed, or divorced HUSBAND of	Cian 14 , 193 3, to Chan 14 , 193 3
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ifi e	7. AGE Years O Months Days If LESS than	were as Moved
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K—TH Schoul may b	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	
G INI AGE lat it 1 on bac	kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in whichwork was done, as silk mill, saw mill, bank etc	
	10. Date deceased last worked at this occupation (month and year)	Other contributory causes of importance:
supplied. terms, so tl instruction	12. BIRTHPLACE (city or town) 7000 Culty Odd	Sundin Suparation of
	13. NAME E, E. Cruman	Name of operation Date of
vITH refull plain See	13. NAME E, C. Crumman  14. BIRTHPLACE (city or town) Shorthord  (State or country)	What test confirmed diagnosis?
oar it p	(State of Country)	23. If death was due to exter causes (violence) fill in also the following:  Accident, suicide, or homicide? Date of injury
fan E	15. MAIDEN NAME PULL & Vennuage 16. BIRTHPLACE (city or town) maint	.11
	16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town county, and State)
LAINLY, W should be ca DEATH in y important.	F & Juman	Specify whether injury occurred in industry in home, or in public
<u> </u>	17. INFORMENT (Address)	place.
M .9 O P	18. BURIAL, CREMATION, GIT REMOVAL	Manner of injury
	Place Date / 5, 193	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
-WRIT informat CAUSE TION is	19. UNDERTAKER & huparal	If so, specify
ISE	(Address) gmlatty	(Signed) T. T. Jayusto, M.D.
m.	20. FILED / ~ 2 / , 193 P Registrar.	(Address) Shalipue day
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## UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc.

Oistinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	EOD PHDW		
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

1. PLACE OF BIRTHECEIVED FEB 1 County of Reflecting No. St.	STATE OF IDAHO  3 1935 PARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 209583  District No. State File No.
G.Z. G. (If born in hospital or institution give name.)  Princ Registration District No. 2.17. Local Registrar's No	
9. Full FATHER name (usual place of stode)	Full term 7. Legiti- mate? 8. Date of birth 1933  18. Full maiden mane MOTHER  19. Residence (usual place of abode)  # Elf non-resident, give place and State)
11. Color or race for 12. Age at last birthday 1/2 (yet 13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years) spent in this work.	22. Birthplace (city or place)  23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work  26. Total time (years) spent in this work.
28. If stillborn, \( \) months	Before labor
CERTIFICATE OF ATTEND  I hereby certify that I attended the birth of this child, w  When there was no attending physician or midwife, then the father, householder, etc., should make this return.  Give name added from a supplemental report	OING PHYSICIAN OR MIDWIFE Tho was
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ery item should sta f OCCUP	County of Madean BUREAU OF VITAL	SLIC WELFARE DO NOT WRITE IN THIS SPACE STATISTICS 82264
	CERTIFICATE O	F DEATH State File No
ehon f Oc	City of Registration District No	
a S f	Primary Registration Distri	
A.Y.		,
SORD. E SICIANS statement	(No(If death occurred in a hospital or institution,	give its name instead of street and number.)
CS State	2. FULL NAME THE BOYN	injuralsi P
RECORD. HYSICIA act statem	(a) Residence. No	
	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
NEN.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E L	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	
<b>७ ₹७</b> ₩	or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 193 22. I HEREBY CERTIFY, That I attended deceased from
	50 to moved didward of discount	, 193 , to , , , , , , , , , , , , , , , , ,
BINDIN A PERN ated EXA orly class	5a. fit maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw h alive on 193 : Aeath is said
B A ST 9	William Melano Magasari	to have occurred on the date stated above, at Harrow
FOR S IS be str prope	6. DATE OF BIRTH (mooth, day, and year)	The principal cause of death and related causes of importance
FOR IS IS IS I be a properties	7. AGE Years Months Days If LESS than 1 day,hrs.	were as follows:  Date of onset
H Ci	or min.	Stillbarre
VE of a of	8. Trade, profession, or particular kind of work done, as spinner,	tod been dead obact
RESERVED NG INK—TH AGE shoul that it may b	kind of work done, as spinner, sawyer, bookeeper, etc	two months,
KES! G I! A G unt ii	I work was done as ailk mill	Course unterron
RENCE NO.	O 10. Date deceased last worked at 11. Total time (vears)	Other contributory causes of importance:
ADIN Died.	this occupation (month and spent in this occupation	
ARGIN NFADI supplied rms, so	12. BIRTHPLACE (city or town)	
[ARG JNFA supp erms,	(State or country)	
M H H I I I I I I I I I I I I I I I I I	13. NAME TATO Wegasaki  14. BIRTHPLACE (city or town) Japan  (State or country)	Name of operation
VITH trefull plain See	14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
	Tetalic of County)	23. If death was due to exter causes (violence) fill in also the following:
tan F	15. MAIDEN NAME hitsur, Natarabe  16. BIRTHPLACE (city or town) Constant (State or country)	Accident, suicide, or homicide?
AINLY hould b EATH importe	16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town county, and State)
LAINLY, V should be os DEATH in y important.	N.T. Walan	Specify whether injury occurred in industry in home, or in public
Z = 1:	17. INFORMENT/WARD THE CADE AND	place.
K P ion OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
RIT Brat SE N	Place Defend Date Just 1993	Nature of injury
-WRITE informatio CAUSE O	19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
.—WI infor CAU	(Address)	(Signed) M.D.
<b>m</b>	29. FILED Registrar.	(Address) Lesters
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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	Manual door	Other CONTRIBUTORY CAUSES of importance:	
Guisiones	May 1, 1928	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

NT RECORD N must be made d.	PLACE PRICE VED EB 45 1822 STATE OF IDAHO County of Manual Resistration District No.   State File No.   Stat
HIS IS A PERMANEN SEPARATE RETURN in order of birth stated	(If born in hospital or institution give name.)  Prim. Registration District No.20/5. Local Registrar's No. / 6  FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of shild)
S A P RATE er of l	Sex of Bright and of order or other? (To be answered only in event of plural births)    Twin
O LO	What prophylactic was used to prevent Ophthalmia Neonatorum?
الماعا	Number of child of this mother, including present birth
irth a each,	Born alive but now dead Stillborn
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UNFADING one child at the number of	Residence (Usual place of abode) Residence (Usual place of abode) Residence (Usual place of abode)
FA.	It non-resident, give place and State If non-resident, give place and State Color or race White Age at last Birthday 26
	Well : Atm Kans (Years) Rirthplece 6 mmth Saa (Years)
than and t	Occupation Occupation Occupation Occupation Occupation Occupation
PLAINLY WITH case of more than for each and	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE    Rorn alive
- 1	(Signature) Ald Renagy
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B E	etc., should make this return. A stillborn child is one that neither breathes nor Address
Z.	shows other evidence of life after birth.
	Filed Registrar.

SURALE OF YITAL STARTER BEEN TO STROTTE !! Registration District Mossics Line notheridal to later (If stilliorn, substitute the word "Stilliorith" for asdman. In state Carment (Algow (admid leinle; he mare of the forestone adia) was used to heavent (puthelmin Neonstorum? Born offen and myle firm compared the incider, incides propent birth.................. (a) Lund wen tud sylla artiff cont the soule were less and Color of then Color of Pade And Selection of the State of ..... oookuilaili Oceannition .... THE MOIN HO WALLSON DANSMITH ON MINOR BELLEVILLE avile-must Thorsely courity that I attunded the birth of this child, who was buildings. busts szode odeb od van ostricule suitmetts be alleged and with (Physician or midselfs) or with the first being house the second efe eliquid make this return. A stellingru child in one that action breather our shorts other explence of the case and

RECORD. Every item of PHYSICIANS should state statement of OGCU.	County of County of CERTIFICATE OF CERTIFICATE OF CERTIFICATE OF CERTIFICATE OF COUNTY Registration District No	STATISTICS F DEATH  Ct No. 2.2.1. Local Registrar's No. 19  State File No. 19  Local Registrar's No. 19  St. 100 NOT WRITE IN THIS SPACE 85716
NENT LY. J	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
R BINDING IS A PERMANE stated EXACTLY properly classified certificate.	3.SEX 4. COLOR OF RACE or Diverced (write the word)  5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH (month day, and year)  22. I HEREBY CER'IIFY, That I attended deceased from 193 to 193
MARGIN RESERVED FOR information should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be propertion is very important. See instruction on back of cer	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days or min.  8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	The principal cause of death and related causes of importance were as follows:  Date of onset  Other contributory causes of importance:
	12. BIRTHPLACE (city or town)  13. NAME PUSSEL Plank  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Stella Aller  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMENT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Report Serve Date for 193 3  19. UNDERTAKER  (Address)  20. FILED Aug 4, 193 3  Registrar.	Name of operation

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	\$ days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	••••••••••		

ist be made	County of Jum falls  City of Jum falls  No. 652 and as E st.  CERTIFICATE OF IDAHO  DEPARTMENT OF PUBLIC WELFARE  BUREAU OF VITAL STATISTICS  CERTIFICATE OF BIRTH  209701
TE REFURN mt	Registration District No. 37. State File No. 24. State File No. 37. St
the SEPARATICH, in order of	Sex of Child Wale or other? and in order of birth mate? birth mate? birth (Month) (Day) (Year)  What prophylactic was used to prevent Ophthalmia Neonatorum?  Number of child of this mother, including present birth (a) Born alive and now living Stillborn
child at birth number of each	FULL MATHER NAME Govton D Gaight MAIDEN Evera Por NAME (Usual place of abode) Luvin faults R 3  Residence (Usual place of abode) Luvin faults R 3  It non-resident, give place and State.  If non-resident, give place and State.
LY WITH UNE more than one each and the m	Color or race Marke Age at last Birthday (Years)  Birthplace (City and State or County)  Occupation (City and State or County)  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
WRITE PLAINLY N. B.—In case of me	I hereby certify that I attended the birth of this child, who was Stillborn at M. on the date above stated.  (Signature)  *Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Address  Filed Leb 4 1933 Les C Headlight

KTARSKE BUSTAC WELLVARE TORRAG OF THIS IS STATISTICS HENIE TO TEMPERATE multing part to Instant Presen Registration District No. . Local Memoriar's No. berge to see an employed profit and established white trains in T death ( inte of Carrier being a chart or white being The battle was tried to proper Opinthalinia Neonatorum Ninches of child of this modern inches present birth. (a) Born allow and now Metas ACHTOR . If not employ, circ shap and Superingeres and present the supering t man rentetet. gipe place unt Blite. Color or race I withday City and States of Court and States of Court ... geniative .... **cottactaction** CERTIFICATE OF ATTEMBING PHYSICIAN OR MILWEST A STATE OF THE PARTY OF THE PAR I hereby certify that I attended the blesh of this child, who was killihorn. on the date plane at "Where there was seen the president Physician are Morale ne galdwille, then the galace independent to the second of the second se

item of ild state OGCU-	I LACE OF DEATH	LIC WELFARE DO NOT WRITE IN THIS SPACE
ž g o	County of Certificate	1 <b>82</b> (415 1
	City of Call Registration District No	
N S E	Primary Registration Distri	4 - 0 /
RD. E ICIANS statemen	(No	auds/Hospital
RECORD. PHYSICIA Exact states		give its name instead of street and number.)
REC Ence	2. FULL NAME	St
	(a) Residence. No	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
E K	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DING ERMANE EXACTLY classified	3.SEX 4. COLOR OR RACE 5. Single Married, Widowed,	21. DATE OF DEATH (month day, and year) Am. 3/ 1933
NG KAC Lass	or Divorced (write the word)	22. I HEREBY CERTIFY, That I attended deceased from
PERMA PERMA d EXAC; ly classicate.	5a. If marled, widowed, or divorced HUSBAND of	Jan 3/ , 193.3, to Jan 3/ , 193.3
BIN A I A I ated perly tific	(or) WIFE of	I last saw halive on
IS A P. stated ] roperly certifica	6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, atm_m.  The principal cause of death and related causes of importance
FO IS be of c	7. AGE Years Months Days 1 LESS than A day,hrs.	were as follows: , Date of onse:
Sk bed a	or min.	Sallory
K7 shoomay	8. Tráde, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.	
E E E E E E E E E E E E E E E E E E E	9. Industry or business in which	
tES, IG I AG AG hat tion	kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc	Other contributory causes of importance:
N E E	il - I this occupation (month and   specific in the second	Other contributory causes of importance.
AARGIN RES UNFADING 1 supplied. AG terms, so that	year) decubation	
[AR UNF supj ermi	12. BIRTHPLACE (city or town) (State or country)	
A B (M)	13. NAME V. V. Hayny	Name of operation Date of
	13. NAME  14. BIRTHPLACE (city or town)  (State or country)	What test confirmed diagnosis? Was there an autopsy?
car in p		23. If death was due to exter I causes (violence) fill in also the following:  Accident, suicide, or homicide?
N 40 A.	15. MAIDEN NAME /// 2na. / a Q  16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town, county, and State)
N P P P P P P P P P P P P P P P P P P P	16. BIRTHPLACE (city or town)   Configuration   Configuratio	(Specify city or town county, and State)  Specify whether injury occurred in industry in home, or in public
PLAINLY should be F DEATH very imp	17. INFORMENT A Description	place.
	(Address)	Manner of injury
E E M S	18. BURIAL, CREMATION, OF REMOVAL Place Date 2, 1933	Nature of injury
WRIT informat CAUSE PATION	19. UNDERTAKER TENDE	24. Was disease or injury in any way related to occupation of deceased?
CA II I	(Address)	If so, specify (Signed), M. D.
Ä.	20. FILED 1993 Leave Registrar.	mil- (Address) Twin halls Idaho
Z		/ Mun /

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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	•••••••••••••••••••••••••••••••••••••••		***************************************

PLACE OF BURTH STATE OF IDAHO ED ...AR 8 DEPAREMENT OF PUBLIC WELFARE **BUN**EAU OF VITAL STATISTICS 209803 CERTIFICATE OF BIRTH No. Registration District No....... .....State File No..... (If born in hospital or institution Prim. Registration District No. 100 4 Local Registrar's No. 74 give name.) FULL NAME OF CHILD ..... (If stillborn, substitute the word "Stillbirth" for name of shild) Number Twin Date of Legiti-Sex of Triplet in order hirth Child 🕢 mate? or other (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Rorn alive but now dead Out Stillborn Stillborn FULL MAIDEN Residence (Usual place of abode) 1409 No 5 Residence (Usual place of abode) It non-resident, give place and States If \_on-resident, give place and State Birthplace Donne Birthplace .... (City and State or County) (City and State or, County) Occupation Occupation ...... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) ..... \*Where there was no attending physician or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth.

WELL OF BARBA THE RESIDENCE OF THE PARTY OF T SOURCE STATE OF THE SECOND THE SECTION OF THE PERSON The state of the s Prim Tegnitre les District No. L. L. THE TAXABLE PROPERTY OF THE PR thate of The to the state of the state o Maria) (Have The County sells was and the recent Countries in Section of the Countries sequence of other action mountains proceed plant, and the Born plan and and the color A the state of the THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. Mary No. The public of th And the state of t and the form of the second of Coordination of the Control of the C CONTROL ATTENDING PHYSICIAN OR DOWN beselv mays that I merhald the birth or this rolld, who was knithern 10 actuated projects or an east and TOR SELLEVIER TO 

should state occu-STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE PLACE OF DEATH BUREAU OF VITAL STATISTICS County of Ada CERTIFICATE OF DEATH of State File No..... City of Boise Registration District No..... statement PHYSICIANS Primary Registration District No. 100 Local Registrar's No. RECORD. St. Lukes Fospital. (No. St. LUKES FOSPILEI.

(If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME Leo Ward Bathrick Jr. Residence. No. Boise Idaho. St. (If nonresident give city or town and state) (Usual place of abode)
Length of residence in city or town where death occurred. ds. How long in U.S., if of foreign birth? yrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, or Divorced (write the word) 4. COLOR OR RACE 21. DATE OF DEATH (month day, and year) 2 3.SEX I HEREBY CERTIFY, That I attended deceased from...... 12 1933 to 5/1/20 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of Decree 193 death is said I last saw h....alive on.. 6. DATE OF BIRTH (month, day, and year) Peb The principal cause of death and related causes of importance Date of onser 7. AGE Years Months Davs If LESS than 1 day, .....hrs. O O min. 8. Trade, profession, or particular kind of work done, as spinner, None. OCCUPATION 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and occupation..... vear) Boise Idaho. 12. BIRTHPLACE (city or town).
(State or country) 13. NAME LOO W. Bathrick. Name of operation Date of 14. BIRTHPLACE (city or town) Springfield, Ill. What test confirmed diagnosis? ...... Was there an autopsy? important. 23. If death was due to exter Icauses (violence) all in also the following: MOTHER Accident, suicide, or homicide?..... Date of injury.......... 193 15. MAIDEN NAME Lura Armstrong. DEATH Where did injury occur?. 16. BIRTHPLACE (city or town) (Specify city or town county, and State) Perry. Chic. (State or country) Specify whether injury occurred in industry in home, or in public Leo W. Bathrick. 17. INFORMENT Hoise Idaho. 0F (Address) Manner of injury 18. BURIAL CREMATION OR REMOVAL Place Ounty Cometery Date 2 Nature of injury 24. Was disease or injury in any way related to occupation of deceased? Wm McBratnev 19. UNDERTAKER. ..... If so, specify (Address) (Address Boise, Idaho. Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related Date of onset The PRINCIPAL CAUSE OF DEATH and related Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 uear ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

THIS IS A PERMANENT RECORD a SEPARATE RETURN must be made, in order of birth stated. STATE OF IDAHO 10 TEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City CERTIFICATE OF BIRTH State File No..... (If born in hospital or institution Prim. Registration District .Local Registrar's No. A give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Sex of Triplet and in order birth Child or other? (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth. Born alive and now living.... Born alive but now dead...... .Stillborn birth FULL MAIDEN FULL UNFADING one child at number Residence (Usual place of abode) It non-resident, give place and S If non-resident, give place and State Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE PLAINLY Porn ally I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) \*Where there was no attending physician? WRITE or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

PREPARTMENT OF PURILG WEE ....10 viateoù THERE OF VITAL STATESTES CERTIFICATE OF RIGHTS Registration learner No. .... States Cha No. Alf rorn in honortes of frallesson THE NAME OF CHILD Date of -i-tonT Setting and Care browne mold derid. What reprinted the used to prevent Orbitalials Neonatoring? Horn tilve but now dead. 11/4 PH (TE 14/1) 1/4 3373 PAGILIE Re idence (Iliani via r of about United the State of CI \*MYSTECLE HO WASHESTED OF COMMITTEE OF COMPANY i blegen afren 1 k bere's certify that I attended the birth of title child, who was a salidare re the dist, above stated, a Signature .... remarks that the one saw after another (Physician or midwide) cor midwife, then the father, bousemider, tele. should make this tecum. A stillbern child is one that neither breathen nor t diality rather all the mountains a finite amounts.

A-S	AD 10 1800 STA	ATE OF IDAHO	
AG.	RECEIVEDAR 10 1933 DEPARTMEN	T OF PUBLIC WELFARE DO	NOT WRITE IN THIS SPACE
ばざ	PLACE OF DEATH BUREAU	OF VITAL STATISTICS	82460
YSICIAN OCCUP/	CERTIF		e File NoO&TOU
OF H	County of Registration Dis	trict No32	
. i		ation District No. 20/49	Local Registrar's No
ORD ACTLY, statemen	(No DY)	Maries Harrita	<b>2</b> )
E C E	(If death occurred a hospital or ins	titution, give its name instead of street and numb	206
	2. FULL NAME Stiller	rh	200
<b>24</b> 53	,	St.	
ENT stated d. Ex	(Usual place of abode) Length of residence in city or town where death occurred. yrs.	mos. ds. How long in U. S., if of fore	resident give city or town and State) gn birth? yrs. mos. ds.
~ ~ ~		MEDICAL CE	DELINION OF DEALER
3 ERMA1 uld be classifi	PERSONAL AND STATISTICAL PARTICULARS		RTIFICATE OF DEATH
RY	8 AEX 4. COLOR OF RACE 5. Single Marrie or Divorte (write	e he word)	7 2/ 33
<b>-</b>	Mace while me	(Mon	h) (Day) (Year)
	5a. If married, widowed, or diverses. HUSBAND of	17. I HEREBY CERTIFY,	That I attended deceased from
BIN IS A	(or) WIFE of Stillburch	2-26, 19	33, to 2-26 1933
70	6. DATE OF BIRTH (month, day and year) 2-26-3		stillent 2.26 33
FOR-THIS led.	7. ACC Years Months Days If LE	and that death occurred, on t	ne date stated above, at 2372 m.
ED FC K—TE pplied may icate.	diagraphy gestalian 1/2 m	min. The CAUSE OF DEATH' w	as as follows:
TE SE	8. OCCUPATION OF DECEASED	Ne-coe	The state of the s
SE S	(a) Trade, profession, or particular kind of work		f
RES DIN efull so th			
FA SER	(b) General nature of industration business, or establishment in which employed (or employer)		(duration)yrsmosds.
RGIN UNFA be car erms, a	(c) Name of employer	CONTRIBUTORY (Secondary)	
	A la . A is	2-1-1	(duration)yrsmosds.
MA VLY, WITH tion should H in plain instruction	9. BIRTHPLACE (city or town (State or pountry)	18. Where was disease contr if not at place of death?	acted
sh n p	10. NAME OF FATHER	Did an operation precede dea	7/ 5
LY ion H i	aul Siefner	Was there an autopsy?	Ro
F4 65 F5	11. BIRTHPLACE OF ATHER (city or town)	What test confirmed diagnosi	Osin cal
PLA1 form DEA See	(State or County Cells)	(Signed) Ca	M.D.
<b>—</b>	11. BIRTHPLACE OF ATHER (city or town) (State or County)  12. MAIDEN NAME OF MOTHER	2-26,1033	(Address Maries
	Maries Thep	kerd	270 274 274 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
WRI item AUSE import	13. BIRTHPLACE OF MOTHER (eity on town)	CAUSES, state (1) MEAN	ING DEATH, or in deaths from VIOLENT AND NATURE OF INJURY, and (2) CIDAL, or HOMICIDAL.
7.	(State or Country)		
	14. Informant face die fice	19. Place of Burial, Cremati	
-Ever state is ver	(Address) Amories 2	dolo	2, 19
R Z Z	15. 3- 8 33 /12 Bales	20. Undertaker	Address
F H C	Filed 0, 1950	Registrar	
F4 00 C			

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Sheal," "Ul. "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis." etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS-Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

midwife.

of more than stated.	1. PLACE OF BRENCEIVED MAR 7 1933 County of St.	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 2 0 9 4.1 CERTIFICATE OF BIRTH
o de	Registration Die	
. B.—Is	give name.)	on District No. St. 155 Local Registrar's No. 14
S a	2. FULL NAME OF CHILD	emature7. Legiti- 8. Date of
RECO er of e	9. Full FATHER	ili term mate? (MONTH, DAY, YEAR)  18 Full MOTHER  maiden
ANENT the numb	10. Residence (usual place of abode)	name  19. Residence (usual place of abode) (If non-resident, give place and State)
RWAT and the	(If non-resident, give place and State)  11. Color or race 12. Age at last birthday 31. (years)	20. Color or race 221. Age at last birthday 22 (years)
A PE	13. Birthplace (city or place)  (State or country)  14. Trade, profession, or particular	22. Birthplace (city or place) (State or country)  23. Trade, profession, or particular kind
HIS IS	kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which	of work done, as housekeeper, typist, nurse, cierk, etc
St Se T	work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years)	work was done, as own home, lawyer's office, silk mill, etc.
ADING IN	Forking 120 19 spent in this work	engaged in this work 26. Total time (years) spent in this work
	27. Number of shildren of this mother (At time of this birth and including this child) (a) Born alive and no	switnessmental delitting Before labor
SEPARATE	28. If stillborn, period of gestation or weeks 29. Cause of stillbir CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWITE
Y WE	I hereby certify that I attended the birth of this child, who	was Still torn at 7.7 m. on the date above stated.  (BORN ALIVE OR STILLBORN)
LAINI d at E		igned), M. D, Midwife
oe chil	i	Idress Jandpoint Idahi Id March 3, 1933, Trola allan
WA	Registras.	Weferty Registrar.

females are resulted to the second se the design of the second Contraction and Section and the college way of Dura selection of the last ALW U. P. LODS, M. and the second series of the second series and second second series and second 
A.	RECEIVED MAR 7 1933 STATE OF ID	
ould str	PLACE OF DEATH DEPARTMENT OF PUBLICATION AND ADDRESS OF THE PUBLIC PROPERTY OF AUTHORS OF THE PUBLIC PROPERTY OF T	
should f OCC	County of County of VITAL S	
g ŏ	City CERTIFICATE O	F DEATH State File No
, O	Registration District No	10
Ž	Primary Registration Distri	ct No. 2155 Local Registrar's No. 12
SICIAN	(If death occurred in a hospital or institution,	give its name instead of street and number.
SICIANS	2. FULL NAME Dangharty	(still form) 200
xact i	(a) Residence. No. Clarks Hork 1 Jan	Capp St.
	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
ļ		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
İ	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 1933  22. I HEREBY CERTIFY, That I attended deceased from
	Male White Singles	7 thy 16 , 1933, to 7 thy 16 , 1933
	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	Llast save alive on 193 : death is said
ē.	1,	to have occurred on the date stated above, at 20 Pm.
ica	6. DATE OF BIRTH (month, day, and year) 14, 1933	The principal cause of death and related causes of importance were as follows:  Date of onset
sertificate.	7. AGE Years Months Day If LESS than 1 day, hrs.	were as follows:
8	or min.	Respunct labor 7 chy 16,1433
6	8. Trade, profession, or particular kind of work done as spinner, — sawyer, bookeepe, atc.	Informital delivery -4
-	9. Industry or business in which	Ecclanfisia of mothy
- 1	work was done, as silk mill, saw mill, bank, etc	Q
	kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:
	this occupation (month and year) spent in this occupation	
-	12. BIRTHPLACE (city or town)	
	The state of the s	Name of operation 20 Date of
	13. NAME NAVE Langhary  14. BIRTHPLACE (city or town)  (State or country)  (State or country)  (State or country)	Name of operation Date of What test confirmed diagnosis X Was there an autopsy?
}	4 14. BIRTHPLACE (city or town)	23. If death was due to exter'l causes (violence) fill in also the following:
	,	Accident, suicide, or homicide? Date of injury
		Where did injury occur?
	16. BIRTHPLACE (city or town)	(Specify city or town county, and State)  Specify whether injury occurred in industry in home, or in public
	17. INFORMENT Mark Daugharty	Dlace.
	(Address) Clarkofok Idah	Manner of injury.
	18. BURIAL, CREMATION, OR REMOVAL Place Clarkovich State Date 1 / 19, 1934	Nature of injury
	19. UNDERTAKER Mark Dangharty	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Clarkelock Joseph	no If so, specify no the Fragities
	20, FILED Feb. 87, 1933 Vivea aller	(Signed) And Taylorf, M.D.
	Registrar.	(Address) Sandy mt, Hans
	<i>y</i> ?	. •

MARGIN RESERVED FOR BINDING

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

699 207 009	<i>8</i> 92	
1. PLACE OF BIPTH	VEDIAR 7 1933	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
City of Jack		CERTIFICATE OF BIRTH 209944
No.	St.	on District No
So (If born in hospital or inst		istration District No. 2 155 Local Registrar's No. 1
give name.)	Prim. Reg	istration District No. 22. LD. 9Local Registrar's No
Z 2. FULL NAME OF CHI	ID dryant	Orr
O g 3. Sex   If plural	4. Twin, triplet, or other  5. Number, in order of birth	6. Premature feet. Legiti- Full term 700 mate? YW 8. Date of 1933 (MONTH, DAY, YEAR)
P. Full 9. Full	PATHER	18. Full MOTHER .
name Lohn	) List.	maiden name race Subbard
10. Residence (usual place		19. Residence (usual place of abode) (If non-resident, give place and state)
10. Residence (usual place (If non-resident, give p	. Age at last birthday 2 (y	
विन्ती 13. Birthplace (city or place	e) Allemais	22. Birthplace (city or place)
(State or country)	or particular	23. Trade, profession, or particular kind
kind of work done, sawyer, bookkeeper H g F 15. Industry or busine	as spinner,	of work done, as housekeeper, Jansenufe
H H H H 15. Industry or busine work was done, a		typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work  26. Total time (years)
Coll 2 sawmin name enc	~ unrur cam	lawyer's office, silk mill, etc. Oun from:  25. Date (month and year) last
C and C lo. Date (month and )	vear) last 17. Total time (years)	7 0 y
Zaw/	spent in this work	-f- 7 thy / 1933
27. Number of children of t (At time of this birth and inch	his mother ading this child) (a) Born alive as	nd now living 2 (b) Born alive but now dead (c) Stillborn 2.
Discrete the second of the sec	/ Cmantha	Hillbirth Tussasma, methra During labor During labor
· 管理性 · · · · · · · · · · · · · · · · · · ·	CERTIFICATE OF ATTEN	DING PHYSICIAN OR MIDWIFE
I hereby certify that I		who was the tran at A. m. on the date above stated.
When there was no at or midwife, then the fat etc., should make this return the fat the return the fat the return the fat the return the fat the return the fat the return the fat the return the fat the return the fat the return the fat the return the fat	lending physician ) her, householder, }	(Signed) Mm J. Lyler M. D.
		Midwife
a supplemental report	(DATE OF)	Address Landfront Had
One of the contract of the con		Filed March 3 , 1933 Cha alle
<b>8</b>	Registrar.	Weferty Registrar.

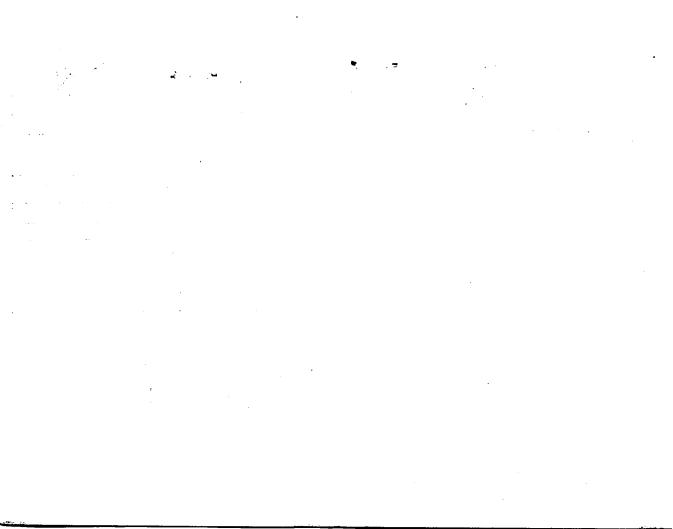
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STATE OF IDAHO 3 DE 1933 PMENT OF PUBLIC WELFARE must be mad BUREAU OF VITAL STATISTICS 209978 Registration District No..... State File No.... (If born in hospital Winstitution dio District No. 1 No. Local Registrar's No. 1 N give name.) FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Date of Legiti-Sex of Triplet and 4 in order birth mate2. Child or other (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorym? Number of child of this mother, including present birth...... (a) Born alive and now living..... .....Stillborn Born alive but now dead...... MAIDEN Residence (Usual place of abode) If non-resident, give place and star It non-resident, give place and State Birthplace ..... (City and State or County) Decupation ENDING PHYSICIAN OR MIDWIFE. Born alba I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) \*Where there was no attending physician? or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



	2 4 F	SECEIVED MAR 3 1032 STATE OF ID.	AHO
	电路形 **	PLACE OF DEATH DEPARTMENT OF PUB	
	ry item of the could state of the could state of the course  County of Dennivelle BUREAU OF VITAL S	1 06436 1	
	7 m O	CERTIFICATE O	F DEATH   State File No
	ah X	City of Registration District No	73
	A SO T	Primary Registration District	et No. 1 - 0 Local Registrar's No. 2 4
	A. A. A. B.	(No.	,
	<b>E</b> 5 <b>E</b>	(If death occurred in a hospital or institution,	give its name instead of street and number.)
	S 2 2	2. FULL NAME Stell disth	
	RECORD PHYSICI. act staten	(a) Residence, No.	St
	_ ~ *	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
	NENT		1
	Z E Z	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	<b>₹</b> 5#	3.SEX 4. COLOR OR RACE or Divorced (write the word)	21. DATE OF DEATH (month day, and year) July 1933
NDING	XX XX XX	Jemile While	22. HEREBY CERTIFY, That I attended deceased from
Ę	西田島	5a. If maried, widowed, or divorced HUSBAND of	, 1933 , to , 1933
BIL	ted ted	(or) WIFE of	I last saw has all the bar all
## 64:	HIS IS A ild be stat be proper certificate	6. DATE OF BIRTH (month, day, and year) 7.1. 15.833	to have occurred on the date stated above, at
ō	ific	7. AGE Years Months Days If LESS than	were as follows: Date of onset
<u>~</u>		1 day,hrs.	Chiesta de malantes
<b>E</b>	hou hou of c	8. Trade, profession, or particular	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<b>&gt;</b>	gh ana k c	kind of work done, as spinner, sawyer, bookeeper, etc	mother
Ξ	Part Car	kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which	· · · · · · · · · · · · · · · · · · ·
H	B & B B	work was done, as silk mill, saw mill, bank etc	
<u> </u>	Ž į į į	10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:
Z	NFADI supplied rms, so t struction	year) Occupation	Myombosis of flexital
RG	FA 195	12. BIRTHPLACE (city or town)	Ulumin
₹			7
<b>P</b>		13. NAME Seslie Singer  14. BIRTHPLACE (city or town) State or country)	Name of operation
	/ITH refull plain See	14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
	oar in p	(State of County)	23. If death was due to exter causes (violence) fill in also the following:
		15. MAIDEN NAME Marthas Farman  16. BIRTHPLACE (city or town)  (State or county)	Accident, suicide, or homicide? Date of injury, 193.  Where did injury occur?
	N E E	5 16. BIRTHPLACE (city or town)	(Specify city or town county, and State)
	LAINLY should b DEATH y imports	S (State or county)	Specify whether injury occurred in industry in home, or in public
		17. INFORMENT (Address)	place.
	E F F ion OF	18. BURIAL, CREMATION, OR REMOVAL 21.	Manner of injury
	E at E	Place Date 1933	Nature of injury
	informat CAUSE TION is	19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
	infor CAU	(Address)	If so, specify
	W. ~ O.	20. FILED Della 193 3 Collegement	(Signed) , M. D.
	ż	Registrar.	(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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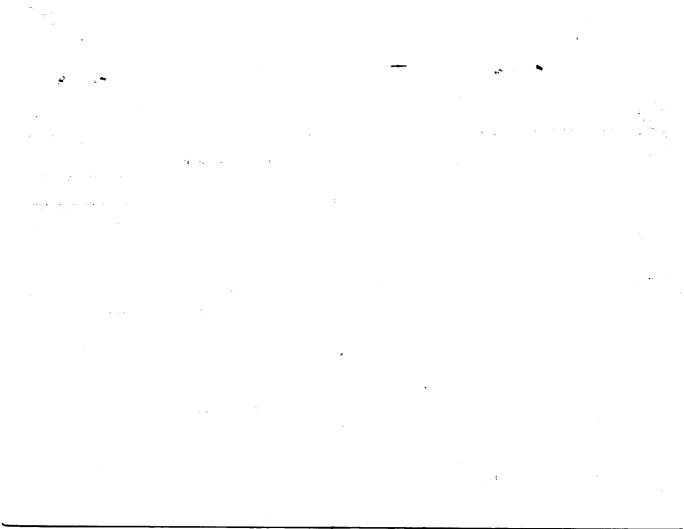
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EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of onset Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 daus ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Thother support Influence & asthmonic Sur 8 th Jan 10 - Child duis 2 days byon birth.



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EXAMPLE I		EXAMPLE II			
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#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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attack	) 91 d	ulluen	a) 11	mothe	۰.ـــ،		1 1	
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		•	····		· · · · · · · · · · · · · · · · · · ·			

STATE OF IDAHO made DEPARTMENT OF PUBLIC WELFARE RECORD County of BUREAU OF VITAL STATISTICS must be 209981 CERTIFICATE OF BIRTH A PERMANENT ATE RETURN mu of birth stated. State File No. Registration District No (If born in hospital or institution give Prim. Registration District No. Local Registrar's No. U. FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Legiti-Sex of Triplet in order birth mate? or other? of birth Child (Month) (To be answered only in event of plural births) SE SE What prophylactic was used to prevent Ophthalmia Neonatorum? Thank THIS SEP/ Number of child of this mother, including present birth\_\_\_\_\_ (a) Born alive and now living.. Stillborn Born alive but now dead... MOTHER FATHER FULL MAIDEN Residence Residence (Usual place of abode) (Usual place of abode) than one child nd the number If non-resident. If non-resident. give place and State give place and State lge at last birthday. Color or race. Color or race Birthplace. (City and State or County) WITH and Occupation. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* each PLAINLY Pr. case or for **Stillbor** I hereby certify that I attended the birth of this child, who was I on the date above stated. (Signature) (\*Where there was no attending physician or mid-) WRITE wife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Registrar.

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# # ₩	STATE OF ID	АНО
ete B	E CRIACE OF DEATH 3 MEMARTMENT OF PUB	
e e e	County of Sainevel BUREAU OF VITAL	STATISTICS
ry item of sould state OCCUPA	CERTIFICATE O	F DEATH State File No. O & T J T
very sho of O	City of Registration District No	<u> </u>
N K	Primary Registration Distri	ct No. 1.1. Local Registrar's No. 3 &
G A I	(No	)
E C ate	(If death convered in a hospital or institution,	give its name instead of street and number.)
RECORD HYSICI act staten	2. FULL NAME Sull voin	
RECORD. PHYSICIAN act statemen	(a) Residence. No(Usual place of abode)	St
	Length of residence in city or town where death occurred. yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
NENT FLY. ed. E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MANEI ACTLY sified.	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DHATH (month day, and year) 741 / 193 3
2 4 G	temple White	22. HEPVBY CEPTIFY, That I attended deceased from
EX EX	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	Jerijo, 193 3 to Jerijo, 193 3
ed T	(or) WIFE of	I last saw halive on 193; death is said
S IS A be state properlifficate.	6. DATE OF BIRTH (month, day, and year) Fib. 10-1933	to have occurred on the date stated above, at
HIS IS. Ild be ste be prope	7. AGE Years Months Days If LESS than	were as follows: Date of onset
HIS HIS HIS be	1 day, A. hrs.	- F-11
	8. Trade, profession, or particular kind of work done, as spinner,	Will home
SERVE INK-7 GE sho it may back of	sawyer, bookeeper, etc.	
	9. Industry or business in which work was done, as silk mill,	
hat A G	kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at 11. Total time (years)	Other contributory saures of importance:
ion t	this occupation (month and spent in this occupation cocupation)	Un Curry.
MAKGIN I UNFADIN y supplied. terms, so tl		
MAR UNI y suj torm	12. BIRTHPLACE (city or town) (State or country)	
	13. NAME Carl, William Bancisms 14. BIRTHPLACE (city or town) Belford Wyaming (State or country)	Name of operation
VITH refull plain See	14. BIRTHPLACE (city or town) Selface 20 your	What test confirmed diagnosis?Was there an autopsy?
car in p	(State of county)	) 23. If death was due to exter I causes (violence) fill in also the following:
K tan	15. MAIDEN NAME WILL WORLD WALL	Accident, suicide, or homicide? Date of injury, 193
LAINLY, Wehould be can DEATH in y important.	15. MAIDEN NAME Wills World Wald  16. BIRTHPLACE (city or town Lewistan Wald)  (State or country)	Where did injury occur? (Specify city or town county, and State)
AII)	Q Jun D	Specify whether injury occurred in industry in home, or in public
	17. INFORMENT (Address)	place.
TE P tion OF	18. BURIAL, SREMATION, OR REMOVAL	Manner of injury
	Place Date 1, 1933	Nature of injury
WRI informe CAUSI TION	19. UNDERTAKER	24. Was disease or injuly in any way related to occupation of deceased?
	(Address)	(Signer May M.D.
<b>m</b>	20. FILED 2/1 , 193.3 Registrar.	(Address) Lady Jaco luce
Z		<del></del>

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

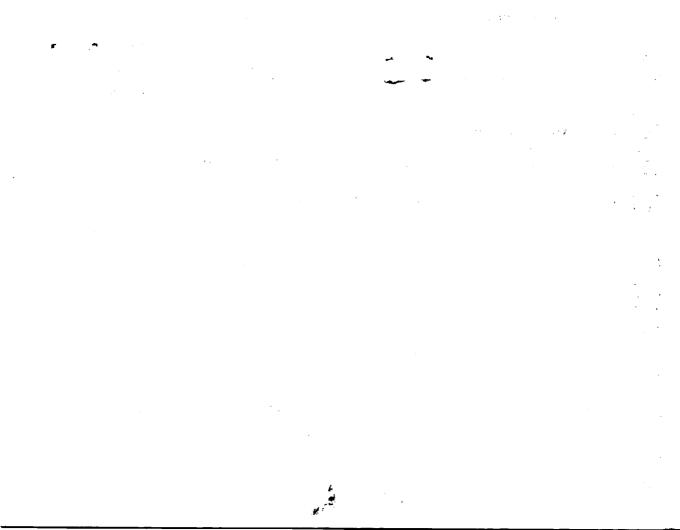
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	!	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH STATE OF IDAHO HIS IS A PERMANENT RECORD SEPARATE RETURN must be ma BRARTMENT OF PUBLIC WELFARE County of Pareau of VITAL STATISTICS City CERTIFICATE OF BIRTH 209984 Registration District No..... 3.....State File No..... (If born in hospital or institution Prima Registration District No. 1.1. P. Local Registrar's No. give name.) FULL NAME OF CHILD..... birth (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Legiti-Date of 70 Sex of in order Triplet mate? Us. birth or other? Child (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth...... (a) Born alive and now living... O Stillborn / Born alive but now dead ..... FULL RITLL MAIDEN NAME . Nuhri NAME .... It non-resident, give place and S Color or race... (Oxolesca Birthplace ...... (City and State of County) (City and State or County) Occupation / Yauseum CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* Thurst alive I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) WRITE B.—In \*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



STATE OF IDAEO

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner. (b) Cotton Mill: (a) Saleman. (b) Grocery: (a) Foreman, (b) Automobile Factory, The material worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager." "Dealer." etc. without more precise specifications, as Day laborer, Farm laborer Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cented term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"): Diptheria (avoid use of "croup"): Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia: Bronchopneumonia ("pneumonia," unqualified, is indefite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ................................ (name origin): "Cancer" is less definite: avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death). 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia." "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital." "Senile." etc.). "Dropsy." "Exhaustion." "Heart Failure." "Hemorrhage." "Inanition." "Marasmus." "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis." etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident: Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

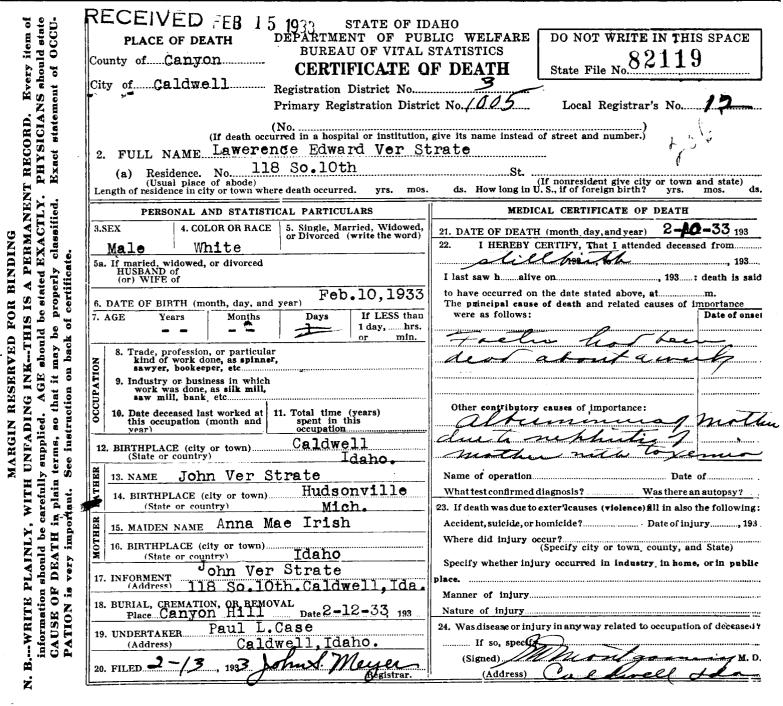
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

PLACE O STATE OF IDAHO must be mad DEPARTMENT OF PUBLIC WELFARE County of ... BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 210000 Registration District No. State File No. (If born in hospital or institution Prim. Registration District No. 1005. Local Registrar's No. 22 give name.) FULL NAME OF CHILD..... order of birth (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of Legiti-Sex of and in order Triplet birth ... Child V mate? or other? (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Born alive but now dead Stillborn FULL MOTHER MAIDEN NAME . It non-resident, give place and State If non-resident, give place and State Color or race. Whele Age at last Birthday. 2.8. Age at läst Birthdav Birthplace / nare Birthplace . (City and State or County) (City and State or County) Occupation ....... Occupation ...... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* Born alive I hereby certify that I attended the birth of this child, who was on the date above stated. \*Where there was no attending physician? (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I		EXAMPLE II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:	1 year
ADDITIONAL SPACE I	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

In case of more that er of birth stated.	City of Caldwell  Caldwell Sanitarium Registration Di	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH  Strict No. 3005 Local Registrar's No. 30
<del>    </del>	3. Sex   If plural for the first of the firs	ull term Yes   birth_0/0/00, 193
RMAN and the	Harley H. Crook  10. Residence (usual place of abode)# 2 Caldwell, (If non-resident, give place and State)	name Hazel Edna Reed  19. Residence (usual place of abode) 2 Caldwell (If non-resident, give place and State) Tanks  20. Color or race 21. Age at last birthday 32 (years)  22. Birthplace (city or place) Oregon (State or country)  23. Trade, profession, or particular kind
THIS IS made for	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, Farming sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years)	of work done, as housekeeper, typist, nurse, clerk, etc
PADINC Return	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and no	engaged in this work 26. Total time (years) spent in this work  bw living(b) Born alive but now dead(c) Stillborn  Before labor  During labor
LAINLY d at birth,	CERTIFICATE OF ATTENDIN  I hereby certify that I attended the birth of this child, who  When there was no attending physician or midwife, then the father, householder, etc., should make this return.  Give name added from a supplemental report.	G PHYSICIAN OR MIDWIFE  was stillborn at 7:30 m on the date above stated.  (BORN ALIVE OR STILLBORN)  Signed) C.M. Kaley , M. D.  Midwife ddress Caldwell, Idaho  tled 3-4 , 1933

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RECEIVED APR 171933 OCCUPA-STATE OF IDAHO should stat DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN PLACE OF DEATH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No..... Registration District No..... PHYSICIANS Primary Registration District No. 9.001 Local Registrar's No. 2. FULL NAME. Residence. No..... (If nonresident give city or town and state) (Usual place of abode) ds. How long in U.S., if of foreign birth? Length of residence in city or town where death occurred. yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH classified. 3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word) 21. DATE OF DEATH (month day, and year) 7 BINDING HEREBY CERTIFY. That I attended deceased from..... 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of to have occurred on the date stated above, at.....m. 6. DATE OF BIRTH (month, day, and year) The puncipal cause of death and related causes of importance 7. AGE Dáys If LESS than as follows Date of onset Years Months 1 day, hrs. min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year) ..... 12. BIRTHPLACE (city or town) (State or country) 13. NAME What test confirmed diagnosis? ...... Was there an autopsy?...... 14. BIRTHPLACE (city or town (State or country) 23. If death was due to exter leauses (violence) fill in also the following: important. MOTHER 15. MAIDEN NAME DEATH Where did injury occur?.. (Specify city or town county, and State) 16. BIRTHPLACE (city or town) (State or country Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) 0 Manner of injury..... 18. BURIAL, CREMATION, Nature of injury..... CAUSE Place Carulo 24. Was disease or injury in and Secupation of deceased? LION 19. UNDERTAKER ..... If so, specify (Address) (Signed)

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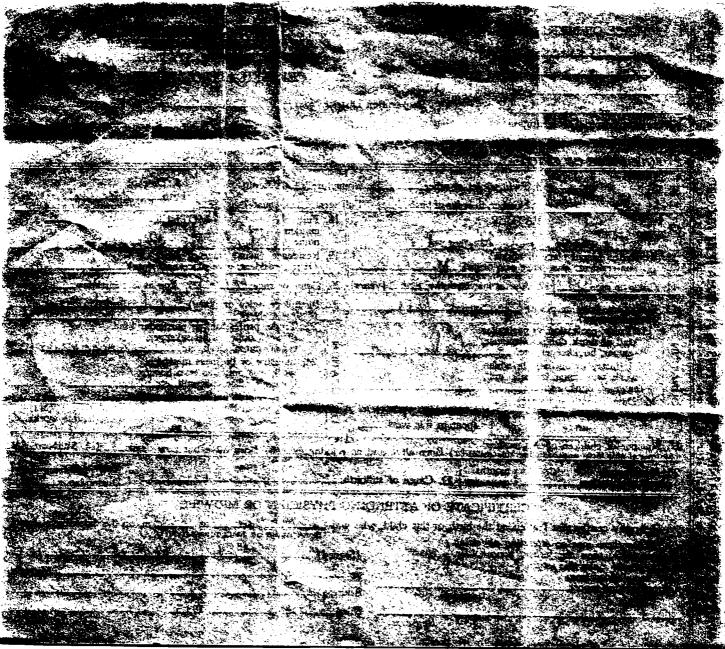
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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

a l	1. PLACE OF BIRTH RECEIVED JAR 7	1938 STATE OF IDAHO
	County of Caranage	DEPARTMENT OF PUBLIC WELFARE
걸	Cay of MUSSON	BUREAU OF VITAL STATISTICS 210041
		CERTIFICATE OF BIRTH
v 린	No St. Registration D	istrict No
3.5		
티	(If born in hospital or institution give name.)	tion District No. 2007 Local Registrar's No. 56
8		
9	2. FULL NAME OF CHILD.	
결년	3. Sex If plural 4. Twin, triplet, or other	remature 122. 7. Legiti- 8. Date of
	[ .4 a . [ ] = [ Links ]	ill term mate? birth (MONTH, DAY, YEAR)
2 2	9. Full FATHER	18. Full MOTHER
- 1	name Cloves of Hoots	maiden Tolita Barana
the num	10. Residence (usual place of abode)	19. Residence (usual place of abode)
		(If non-resident, give place and state)
and a	11. Color or race 12. Age at last birthday 24. (years	
구년	13. Birthplace (city or place) Celbert Miss	22. Birthplace (city or place) Cal Doc 4110
2 8	(State or country) 14. Trade, profession, or particular	23. Trade, profession, or particular kind
g j	_   kind of work done, as spinner, c\(\mu\)	of work done, as housekeeper, typist, nurse, clerk, etc.
age 2	sawyer, bookkeeper, etc	24. Industry or business in which
 	a save ill book etc	work was done, as own home, lawyer's office, silk mill, etc.
inst b	U 16. Date (month and year) last	25. Date (month and year) last
	engaged in this work apent in this work	engaged in this work 26. Total time (years) spent in this work 2
RTURN A	19	, 19
RETURN	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and no	ow living 4. (b) Born alive but now dead (c) Stillborn.
	an Te 1889	O Refore labor
RATE	period of gestation 29. Cause of stillbir	th During labor
SEPARATE	CERTIFICATE OF ATTENDIA	IG PHYSICIAN OR MIDWIFE
a	I hereby certify that I attended the birth of this child, who	
मून पूर्व	( When there was no attending physician)	(BORN ALIVE ORISTILLBORN)
Č.	or midwife, then the father, householder,   (	Signed), M. D.
	(etc., should make this return.  Give name added from	Midwife
Child	a sumulamental moment	ddress Melalon Adala
000		Hed 3-4 , 1933 Cheffustion
¥ 0	Registrar.	* () Registrar.
•	•	



STATE OF IDAHO ...AH 13 EPARTMENT OF PUBLIC WELFARE CERTIFICATE OF BIRTH (If born in hospital or institution Prim. Registration District No. 2.96 Local Registrar's No. .... give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Legiti-Date of Sex of Triplet and { in order birth of birth mate? or other? Child (To be answered only in event of plural births) (Month) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum? Born alive but now dead Stillborn FULL MAIDEN NAME C Residence (Usual place of abode)... If non-resident, give place and It non-resident, give place and S Color or race. Color or race. Birthplace . (City and State or County) Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* 6:50 Pm I hereby certify that I attended the birth of this child, who wad! Stillborn on the date above stated. (Signature) \*Where there was no attending physician? or midwife, then the father, householder, Physician or midwi**fe** etc., should make this return. A stillborn child is one that neither breathes nor Address ..... shows other evidence of life after birth.

1 ...

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cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"); Diptheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"): Lobar Pneumonia: Bronchopneumonia ("pneumonia," unqualified, is indefite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin); "Cancer" is less definite: avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy." "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia." "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

-	1. PLACE OF BIRTHDE CENVED IAN 30 1029 STATE OF IDANO
de l	DEPARTMENT OF PUBLIC WE FARE
2	County of BUREAU OF VITAL STATISTICS
the	City of During 210054
and	No St.
	Registration District No
each.	(If born in hospital or institution Prim. Registration District No. 2/9/2 Local Registrar's No. 17
for e	give name.)
le f	2. FULL NAME OF CHILD
made	3. Sex 1 If plural 4. Twin, triplet, or other6. Premature7. Legiti-
pe	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
must	9. Full PATHER 18. Full MOTHER (MONNIM, DAY, YEAR)
Ē	name / maiden
£ ₹	10. Residence (usual place of abode)  10. Residence (usual place of abode)  11. Residence (usual place of abode)
17.8	(If non-resident, give place and State) (If non-resident, give place and State)
'E RETURN birth, stated.	11. Color or race 12. Age at last birthday 4 (years) 20. Color or race 21. Age at last birthday 2 (years)
2.3	13. Birthplace (city or place) 22. Birthplace (city or place) (State or sounds)
Z o	(State or country)  (State or country)  (State or country)  23. Trade, profession, or particular kind
SEPARATE	2 14. Trade, profession, or particular kind of work done, as spinner and cleans 2 typist, nurse, clerk, etc.
SE	kind of work done, as spinned and typist, nurse, clerk, etc.    Sawyer, bookkeeper, etc.   Samuel   Sa
اځي "	work was done, as silk mill.
eac.	lawyer's office, silk mill, etc
or or	16. Date (month and year) last engaged in this work  17. Total time (years)  25. Date (month and year) last engaged in this work  26. Total time (years)
18	spent in this work spent in this work 19 spent in this work
child	27. Number of children of this mother  (At time of this birth and including this child) (a) Born alive and now living Q. (b) Born alive but now dead Q. (c) Stillborn 1.
one	28. If stillborn, months or weeks 29. Cause of stillbirth During labor
than	
	CERTIFICATE OF ATTENDING PHYSICIAN OR (MIDWIFE  I becals contify that I attended the birth of this child, who was still below at 5,35 m, on the date above stated.
more	(ROPH ALLY OF STILLBORN)
ठ	When there was no attending physician or midwife, then the father, householder. (Signed)
388	(etc., should make this return.
ט ע	a supplemental report
Ţ	(DATE OF) Address 1933 Vaura Street
7. B	Registrar.
~	H The state of the

Property of Comber to and a winter Full terra \_ call market To 1 El 19 Restdance (usua) 1/ace of a Residence, insuri place of avoided All-Marci to and its Courses sack as 12 Age at any herbody of frequest 20 Color on raise 22 Enthalone (city or plect) \*\*\* \*\* Carren ---- (5254 2 22 VA (Seinger sounds) Transporter or marked an of x x s qene ea uce x to tring at work done, as spinore, typist, autre, circum, relays saver booking and com-Industry or be was the which 5. Inclusive or postage to selection work was done as own know work was done as sie mil. eaver eithe after only we several bent, etc. See (menth addressee) see Date (month and verte) hast inance in this work . In The Burn the Bearing engaged in this work tion the mypes exemple this work antique of this south and the south of the affive unit have but on the born and bear one dead of the south of the bare and the south of the bare and Before labor .... Counting 19 Cape of still 1th CERTIFICATE OF ATTENDING PHYSICIAN OR MUDWAVE I attended the highest this child who was Liberary conting OC 1541 SOUTH TO SEE or authority them the h was added from supply medical, report.

I.	STATE OF IDA	
	RECENTED HORPARIMENT OF PUBL	IC WELFARE DO NOT WRITE IN THIS SPACE
z	RECEIVED JUNEPARIMENT OF PUBL.	TATISTICS 79350
YI,	PLACE OF DEATH -	State File No.
210	County of Carrie OF	DEATH ————————————————————————————————————
PHYSICIAN	Registration District No.	///
E4	City of Durce Primary Registration District	Total Designments No. 2
	_ <b>,</b>	
Υ,	(No	(and of steed and number)
Sed T	If death occurred in a hospital or institution, give	its name instead of street and number.
AC	2. FULL NAME 12004 Arson	***************************************
X 8 8 8	(a) Residence. No.	St
ns l	(Usual place of abode.)	ds. How long in U. S. if of foreign birth? yrs. mos. ds.
# # # # # # # # # # # # # # # # # # #	Length of residence in city or town where death occured. yrs. mos.	
sts prop	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E S S S S	8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word.)	16. DATE OF DEATH
8 = 5 = 1	7. W. Sural.	(Month) (Day) (Year)
ING REC May Se		(Month) (Day)
He to the state of	5a. If married, widowed, or divorced HUSBAND of	17. I HEREBY CERTIFY, That I attended deceased from
	(or) WIFE of	Muy 14 1952, to May 14, 1952
R BI ANEI AGE that iports	6. DATE OF BIRTH (month, day) the start 14-1937	that I last saw h. alive on
. 5 ¥ 3 € 1	7. AGE Years Months Days If LESS than 1 day,	and that death occurred, on the date stated above, atm.
A PEF a PEF upplied terms,	hrs. or min.	and that death state of the DISEASE CAUSING DEATH, or in deaths from VIOLENT
VED A PE upplie terms, s very	12000	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
CC 10 144	8. OCCUPATION OF DECEASED	The CAUSE OF DEATH* was as follows:
RESE IS IS fully plain TON	(a) Trade, profession, or particular kind of work	Intro Uleria Carolingara
		1
MARGIN RESI INK—THIS I d be carefully EATH in plain OCCUPATION	(b) General nature of industry, business, or establishment in	
	which employed (or employer)	
ARC INK SATE	(c) Name of employer	3
	9. BIRTHPLACE (city or town)	yrs,mos,ds.
NING shoul OF D	(State or country)	CONTRIBUTORY
A_TE	10. NAME OF FATHER	(Secondary)
E SE E	Tester Glood Jarsons	dsds.
UNFAI rmation CAUSE statemel	a Chailes	18. Where was disease contracted if not at place of death?
H .	11. BIRTHPLACE OF FATHER (city or town)	Did an operation precede death? Date of
WITH of info state Exact	11. BIRTHPLACE OF FATHER (city or town) (State or Country)  12. MANDEN NAME OF MOTHER	Was there an autopsy?
6 4	12. MANDEN NAME OF MOTHER	What test confirmed diagnosis?
서비를	A DURING OF WARREN (its Am) Burley	(Signed) Leaf Z ko, M. D.
INLY, item of should	18. BIRTHPLACE OF MOTHER, (city of town)	1 Sames
_	- f (v yan	, 19 (Address)
PLA Svery	" arrows to	16.) Place of Barial, Cremation, or Removal Date of Burial
色门	Informant (Address) Burly	July Jaa 3-10 193
WRITE R. B.		Undertaken Address
≨ż	15. Filed 19.32 Bouleton	1776 Johnson Buller
	Registrar.	" A STATE OF THE S
	II .	

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

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Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARI RECORD County of .... BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH (If born is hospital of institution Pring. Registration District No.....Local Registrar's No......... give name.) FULL NAME OF CHILD...... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Sex of Legiti-Date of Triplet and in order Child 7/ or other? birth mate 💤 (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatornm? Born alive but now dead \_\_\_\_\_\_Stillborn \_\_\_\_ FIII. MAIDEN Residence (Usual place of abode). Residence (Usual place of abode) It non-resident, give place and Sta Fnon-resident, give place and State at lest Birthday. Color or race. ....Age at last Birthday... Birthplace ... Birthplace ..... (Cit and State or Sounty) Occupation Faussier Occupation ..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) ... \*Where there was no attending physician? or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. Registrar.

SEATE OF IDAGE THE THE POLICE WELLANDS BURRAU OF VITAL STATISTICA .. . HTTLE MO STADISTING Registration District No. erle Pile Yo Brim Resistration District No. Local Registrate Co. LIA NAME OF CHILD Continue i to met! Levelita reiffe it neder (16 he sesseemt ash is event or plus lends) CHAI birth ..... treate to (dta-M) What prepared was used to prevent Ophthalms Veonatornal? Nonther of shift of this mother, including present hirth. (a) Been alive and new itving and there allye but now deard. apoditi E.... Revience United place of above The same and all all and the same and the Sample best to the first of the second to solo, The at last Birthday ្នើ<sub>ក</sub>្រ សមាជនដែលវ Birtheles o County is still the country Olite died State or Conc. ... nollagsinch Grennation Land Reserve CHARLESTATION OF CITYNDISC PHYSICIAN OR MIDWINGS I hereby corrier that I attended the birth of this child, who was i Milliorn in the date above wated. (mnungie) Tribere May no attending plantelenn in uniduate, then the father, himselvelder, etc., should make this return. & stillborn colld is one that neither breather nor ARGUEDIA.

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	ata IP	• 1	PLACE OF DEATH DEPARTMENT OF PUB	
	y item ould sta OCCUP		County of Graduus BUREAU OF VITAL S	STATISTICS 82561
	og og		CERTIFICATE O	F DEATH State File No
	15 da 40		City of Registration District No	74
ļ	a Kari		Primary Registration Distri	· · · · · · · · · · · · · · · · · · ·
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	SICI		(If death occurred in a hospital or institution,	give its name instead of street and number.)
j			2. FULL NAME Stillians -	<u> </u>
	KECOKU HYSICI act staten		(a) Residence. No	StSt.
	I de se		(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
	CLY.		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
			3.SEX 4. COLOR OB, RACE 5. Single, Married, Widowed,	
Ğ	MA A G Sifi		or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 2 - 4 193 3
Ĭ			5a. If maried, widowed, or divorced	193 to
Z	A G H		HUSBAND of (or) WIFE of	I last saw h alive on 193 : death is said
8	A ate			to have occurred on the date stated above, at
ä	HIS IS A ild be state be proper		6. DATE OF BIRTH (month, day, and year) 2 - 9 - 3 -	The principal cause of death and related causes of importance were as follows:  Date of onset
FO.	S ad I		7. AGE Cears Months Days If LESS than 1 day,hrs.	were as follows:  Date of onset
A		3	or min.	Stillbarn 2-9-33
V.	ho ay	1	8. Trade, profession, or particular kind of work done, as spinner,	
Ä	MAN H		kind of work done, as spinner, sawyer, bookeeper, etc	Cecereau Relion
RESERVE			work was done as silk mill	
R	Day A		saw mill, bank etc	other contributory causes of importance:
	led.		this occupation (month and spent in this occupation	Ormanic 7 mg-
ARGIN	Agg 1		12. BIRTHPLACE (city or town) Goldwy A	Manual
AB			(State or country)	vireum - perior
Ä			13. NAME ROLLE C Forew	Name of operation Cleman Sulpate of 2 - 9-
			13. NAME Cocke C 3 14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
	WI are	.		23. If death was due to exter leauses (violence) fill in also the following:
		THE POLICE	15. MAIDEN NAME/Sula Curef bell 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury
	AINLY hould b EATH	1	6 16. BIRTHPLACE (city or town)	Where did injury occur?(Specify city or town, county, and State)
	LAINI should DEAT		(State or country)	Specify whether injury occurred in industry in home, or in public
	Z # E .	, i	17. INFORMENT OF Days	place.
	E P	10.	(Address) January Kl	Manner of injury
	H Tam.		Place During Date 2 70 , 193 3	Nature of injury
		4	19. UNDERTAKER ZIOLE	24. Was disease or injury in any way related to occupation of deceased?
	infor CAU	2	(Address)	If so, specify
	O F	•	20. FILED 3-1- , 193 3 Q N Comwelf	(Signed) A Cronswell, M.D.
	~ *	Į	Registrar.	(Address)
	F	,		<b>v</b>

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	[	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

DEPARTMENT OF PURISO WELFARE LESS TO THE TEAL BY CHETCE Registration District No. Coun in hospital or incligation . Prim. Rechrosten Matrici. of a C. Local Routefraria No. ill stillion authoritude the wird "Stillough for mana of while Date of Degici-THE TABLE Right to be (4) Talla annuced with un event & friend births) that seems with man used to merent Centhaluna Accounterum. Stranber of child of this notion, including press. bitth. . . . . Born allow and now living List were but my days Her bare University street which the end of Color on these and a second last threads Phierphy of the and State of Country CERTIFICATE OF ATTIONING UNISTEEN OF MIRWIPE itorn affic Thereby certify that I uttended the birth of this child, who two midlibone on the date above stated. : Signaling bear Kantheir there was no aftending physician for eligwise, then the father, bouseholder, rete, shoold make this return. A still porn ched is one that neither areather and shows our cardence of life after birth

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very item of should state t of OCCU.	CERTIFICATE O	F DEATH State File No
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N S E	Primary Registration Distri	
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NE CE	(No(If death Acurred in a hospital or institution,	give its name instead of street and number.)
ts CC	2. FULL NAME Bay CovR	
RECORD HYSICIA xact state	(a) Residence. No. 941	St.
FWW	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
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DING 'ERMANE EXACTLY classified	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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NDING PERM FEXAC y class	Ti wingle	22. I HEREBY CERTIFY, That I attended deceased from
ND ND ND ND ND ND ND ND ND ND ND ND ND N	5a. If maried, widowed, or divorced HUSBAND of	/-/0 , 1933 , to /-/0 - , 1933
OR BINDING IS A PERM. stated EXAC roperly class certificate.	(or) WIFE of	I last saw had alive on
R IS	6. DATE OF BIRTH (month, day, and year)/833~/~/0	to have occurred on the date stated above, at
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VED   KTH  should may be back o	8. Trade, profession, or particular	
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SER INK GE e t it n	9. Industry or business in which	
RESERVED NG INKTI AGE shoul that it may	kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and the council).	Other resident and the second
	10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:
ARGIN JNFADI supplied erms, so	year) occupation	
	12. BIRTHPLACE (city or town) Coeurol aline (State or country)	
MARC UNF, y supp terms See in		
	13. NAME Conest Conf.	Name of operation
WITH carefully n plain rtant.	13. NAME Onest Cork  14. BIRTHPLACE (city or town) West City (State or country)	What test confirmed diagnosis? Was there an autopsy?
ILY, WIT] d be carefu TH in plai important.	(State of County)	23. If death was due to extericauses (violence) fill in also the following:  Accident, suicide, or homicide?
E E	15. MAIDEN NAME W/a //oa/t	
AINLY ould be EATH ery imp	15. MAIDEN NAME Alta Moak.  16. BIRTHPLACE (city or town) Montisans (State or country)	Where did injury occur? (Specify city or town county, and State)
LAIN] should DEAT very is	8 7 8 1/4	Specify whether injury occurred in industry in home, or in public
	17. INFORMENT (Address)	place.
E P ion OF	19 BURIAL CREMATION OR BEMOWAL	Manner of injury
WRITE 1 information GAUSE OF PATION is	Place Forest Cem. (Da Date 1-12, 1983	Nature of injury
VR US TI	19. UNDERTAKER Cassed Tuneral Home	24. Was disease or injury in any way related to occupation of deceased?
CA CA	(Address) Coursel'alone Ida Ki	) 10. If so, specify
, J	20. FILED 2-9 , 193 3 A Sturger	(Signed) (Signed)
ż	Registrar.	(Address) ( well ( Million Hand)

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
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The second second PLACE OF BELLE EIVED MAR 15 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 96 State File No. Registration District No.... (If born in hospital or institution Prim. Registration District No. 1009 Local Registrar's No. give name. FULL NAME OF CHILD Jemale RECORD. 8. Date of If plural 4. Twin, triplet, or other\_\_\_\_\_6. Premature\_\_\_\_7. Legiti-3. Sex hirth Temale births 5. Number, in order of birth Full termal mate? ( MONTH, DAY, YEAR 18. Full MOTHER 9. Pull PERMANENT RI Williams name maiden anne Undrews name 19. Residence (usual place of abode). 10. Residence (usual place of abode) (If non-resident, give place and States a kway, Ida (If non-resident, give place and state Lakwav, Id 11. Color or racellating 12. Age at last birthday 32 (years) 20. Color or race 21. Age at last birthday 26\_ (years) ਰੰ 13. Birthplace (city or place) \_\_\_\_ (State or country) ₹ š 23. Trade, profession, or particular kind 14. Trade, profession, or particular 25 kind of work done, as spinner, attleman of work done, as housekeeper, typist, nurse, clerk, etc OCCUPATION UPATION 15. Industry or business in which 24. Industry or business in which work was done, as own home, Af Hams work was done, as silk mill, sawmill, bank, etc. \_\_ 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last must engaged in this work 26. Total time (years) engaged in this work spent in this work. UNFADING DRATE RATE RETURN IN spent in this work.... (At time of this birth and including this child) (a) Born alive and now living Let. (b) Born alive but now dead living). Stillborn Let. 27. Number of children of this mother Before labor\_\_\_\_ WITH UNE a Separate 1 ( months 28. If stillborn. 29. Cause of stillbirth period of gestation\_\_\_\_\_ or weeks During labor \_\_\_\_ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 7125 C.m. op the date above stated. I hereby certify that I attended the birth of this child, who was Allerton (BORN ALOVE)OR STILLIPORN) When there was no attending physician ) men, M. D. or midwife, then the father, householder, etc., should make this return. \_\_, Midwife Give name added from ewiston a supplemental report\_\_\_\_\_ (DATE OF) aluk men \_, 1933 Registrar. Registrar.

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265-109042-4846 PLACE OF THE LYED AR STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS 21 (1357 CERTIFICATE OF BIRTH Registration District No\_37 State File No.\_\_\_\_ 1085 (If born in hospital or institution Local Registrar's No. 46\_ Prim. Registration District No. give name.) 2. FULL NAME OF CHILD... A PERMANENT RECORD, each, and the number of each. If plural 4. Twin, triplet, or other\_\_\_\_\_6. Premature\_X\_7. Legiti-8. Date of hirth 5. Number, in order of birth\_\_\_\_ Full term\_\_\_\_ (MONTH, DAY, YEAR) 18. Full MOTHER **FATHER** 9. Full maiden name thenry 1 wan name 2 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and state) (If non-resident, give place and State) 11. Color or race le let 17. Age at last birthday 4 2 (years) 20. Color or race white too! Age at last birthday 10 (years 13. Birthplace (city or place) Umchistin 22. Birthplace (city or place) EKLA KA, 34 (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. 25 kind of work done, as spinner, Garler typist, nurse, clerk, etc. housew OCCUPATION sawyer, bookkeeper, etc. THIS made 24. Industry or business in which 15. Industry or business in which work was done, as silk mill, work was done, as own home. lawyer's office, silk mill, etc.\_ must be sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work\_\_\_\_ WITH UNFADING a SEPARATE RETURN III spent in this work\_\_ 27. Number of children of this mother (a) Born alive and now living Q. (b) Born alive but now dead Q. (c) Stillborn 1. Before labor 29. Cause of stillbirth Detateled 28. If stillborn. months During labor period of gestation\_\_\_\_ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 5 36 m. on the date above stated. I hereby certify that I attended the birth of this child, who was -(BORN ALIV When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. Give name added from Address Twin Falls, Ida. a supplemental report\_\_\_\_\_ (DATE OF) Filed March, 3 193 3 Sec. C. X Registrar.

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very shou it of	CERTIFICATE O	<u> </u>
	City of Registration District No	37
N S H	Primary Registration Distri	ct No. 1085 Local Registrar's No. 28
ORD. E. ICIANS statemen	(No	
a C S	death occurred in a hospital or institution,	give its name instead of street and number.)
چ <u>ي</u> و	2. FULL NAME Jaby Sova	
RECORD. PHYSICIA Exact state	(a) Residence. No. 320 42 aux	W St.
	(Usual place of abode)	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
Ž.	Length of residence in city or town where death occurred. yrs. mos.	us. How long in C. S., it of foreign bit in? 1918. Incs. us.
VG MANENT ACTLY.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3.SEX 4. COLOR OR RACE 5. Single Married, Widowed, or Diverced (write the word)	21. DATE OF DEATH (month, day, and year) a fee 9 1933
	Male or Divisiced (white the word)	22. I HEREBY CERTIFY, That I attended deceased from
DITO EX EX cla	5a. If maried, widowed, or divorced	on 2/9/33,103, to 193
IS A PH IS A PH soluted E	HUSBAND of (or) WIFE of	I last saw bi salive form Que, 193 : death is said
BI A st regit	(01) WIFE 01	to have occurred on the date stated above, at
IS IS	6. DATE OF BIRTH (month, day, and year)	The principal cause of death and related causes of importance
O 20 20 21 4	7. AGE Years Months Days If LESS than	were as follows: Date of onser
ED For THIS onld by be ack o	1 day,hrs.	Ware Ital
VEI hou hou hay	8. Trade, profession, or particular	Fred Day o and there
	kind of work done, as spinner, sawyer, bookeeper, etc	
SER INE GE tity non	9. Industry or business in which	
(ES)	work was done, as silk mill,	
E Z = 5	kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this	Other contributory causes of importance:
ADIN Bolied.	this occupation (month and spent in this occupation wear)	
ARGIN RES JNFADING I supplied. AG erms, so that	12. BIRTHPLACE (city or toph)	
	(State or country)	
Z	13. NAME 1	Name of operation
VITH refully plain aut.		What test confirmed diagnosis? Was there an autopsy?
WITH carefull in plain ortaut.	14. BIRTHPLACE (city or town)	23. If death was due to exter leauses (violence) all in also the following:
NLY, WIT d be carefu TH in plai important.	# 1 th m . land	Accident, suicide, or homicide? Date of injury, 193
n H	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
NLY ld be TH imp	6 16. BIRTHPLACE (city or town)	(Specify city or town county, and State)
LAIN) should DEAT	State or country	Specify whether injury occurred in industry in home, or in public
PLAINLY a should be F DEATH s very imp	17. INFORMENT (Address)	place.
	7	Manner of injury
RITE matio SE O	Place Date Date 193 3	Nature of injury
WRITE informatio CAUSE O PATION	17/11/6	24. Was disease or injury in any way related to occupation of deceased?
WE	19. UNDERTAKER 17.5 (Address) Faces	If so, specify
1.804	2/14 3 50 10 18/21/1	(Signed), M. D.
<b>#</b>	20. FILED 193 Registrary	(Address) win fall, Ila
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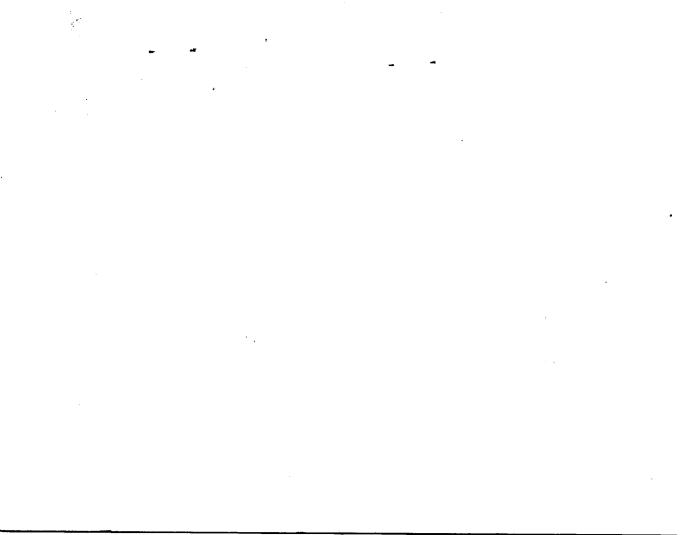
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

Beet STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS 210458 CERTIFICATE OF BIRTH No. Registration District No. State File No..... (If born in hospital or institution Prim. Registration District NAOO 4 Local Registrar's No. 9 give name.) FULL NAME OF CHILD... (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Date of Legiti-Sex of Triplet in order hirth Child or other? of hirth mate? // (To be answered only in event of plural births) (Month) What prophylactic was used to prevent Ophthalmia Neonatorum?. 2 (a) Born alive and now living. Number of child of this mother, including present birth... nou Stillborn. Born alive but now dead... FATHER MOTHER FULL MAIDEN FULL NAME Residence (Usual place of abode) Residence (Usual place of abode) ... If nonresident, give place and State If nonresident, give place and State. Age at last Birthday (Years) Birthplace ..... (City and State or Country) ► (City and/State or Country) Occupation Occupation ... 4.4 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* more I hereby certify that I attended the birth of this child, who was Stillborn PLAINLY on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. Registrar.



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item of Id state OCCU-	PLACE OF DEATH DEPARTMENT OF PUR	
ž g ŏ	County of BUREAU OF VITAL	
very its should t of O	CERTIFICATE O	F DEATH State File No. 0.44.13
E SE A	Registration District No	
	Primary Registration Distri	ict No. 100 Local Registrar's No. 0
SORD. Ev SIGIANS : t statement	(No. W. allfahr	rusus Raspertal
S S S	17 10 1	give its name instead of street and number.)
RECORD HYSICIA xact state	2. FULL NAME	
FPA	(a) Residence. No	. ds. How long in U. S., if of foreign birth? yrs. mos. ds
IG MANEN ACTLY. ssified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DING ERMAN EXACTL classifie	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 2 - 2 4 193 3
ING RMA XAC;	Male White	22. I HEREBY CERTIFY, That I attended deceased from
PERD d EXA ly clar	5a. If maried, widowed, or divorced HUSBAND of	2-24, 193 3, to 2 24, 193 3
BIL A A Bateco	(or) WIFE of	I last saw h alive on a last said
IS A IS a state roperl	6. DATE OF BIRTH (month, day, and year) Feb. 24-33	to have occurred on the date stated above, at
FO IS Is be	7. AGE Years Months Days If LESS than 1 day,	Were as follows:  Date of onse
_ # 32.5	Still Pears 1 day, nrs. or min.	Clilla Duine to
ERVED NK-TI IE shoul it may on back	8. Trade, profession, or particular kind of work done, as spinner,	same at Ideliving.
NE NE NE NE NE NE NE NE NE NE NE NE NE N	kind of work done, as spinner, sawyer, bookeeper, etc	
	a la manager y and a manager with the same of the same	
ADING I lied. AC so that	10. Date deceased last worked at 11. Total time (years)	Other contributory causes of importance:
IN DI ied fru	year) occupation	
R F G G G G G G G G G G G G G G G G G G	12. BIRTHPLACE (city or town) Boise, Ida	
JAN UN suj	(State or country)	
	13. NAME Via Parker	Name of operation
/ITH refull plain ant.	13. NAME Ja Passer  14. BIRTHPLACE (city or town)   (State or country)	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to exter causes (violence) fill in also the following:
ILY, WIT I be carefu IH in plai		Accident, suicide, or homicide? Date of injury
ALY, d be TH i	15. MAIDEN NAME 6 Skel Survey  16. BIRTHPLACE (city on town)	.11
	16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town county, and State)
LAIP should DEA	The property of the Pasker.	Specify whether injury occurred in industry in home, or in public
A 2 2 2	17. INFORMENT (Address)	Manner of injury
Z of fix	18. BURIAL, CREMATION, OR REMOVAL Movis of the Place	Nature of injury
	Til her is 410 hours	24. Was disease or injury in any way related to occupation of deceased
inform CAU	19. UNDERTAKER SMITH WAS GRAND (Address) Bookly,	If so, specify
H C E. I	-27 1003 YU W Khode	(Signed) M. D
)**  }	20. FILED Registrar.	(Address)
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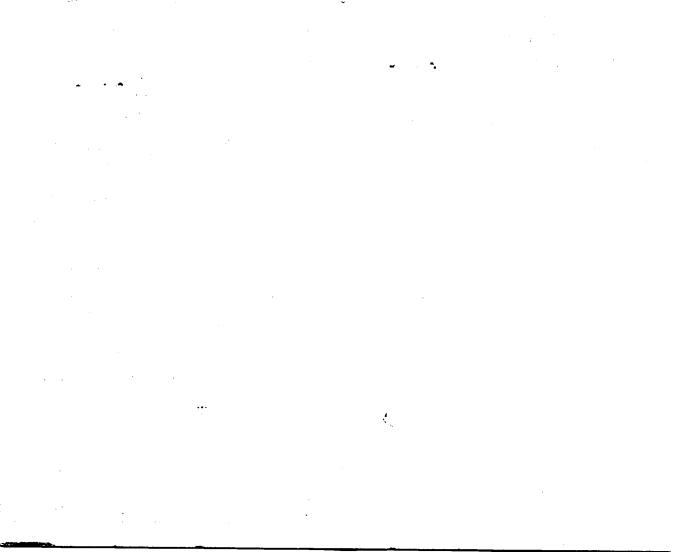
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		



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			County of Ada	BUREAU OF VITAL S CERTIFICATE O	04140	
į	shou t of		City- of Boise.	CERTIFICATE O.  Registration District No		
7	a was	-	1 = .	Registration District No Primary Registration Distric	ct No. 940 Local Registrar's No. 2	
~	A B B					•••••
	ICIANS a				give its name instead of street and number.)	
daoSaa	X S		2. FULL NAME Baby	miller.		
,	, P4 P4		(a) Residence. No (Usual place of abode) Length of residence in city or town whe	Boise, Idaho re death occurred. yrs. mos.	#1 St.  (If nonresident give city or town and stateds. How long in U. S., if of foreign birth? yrs. mos.	le)
122	ed.		PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
<	\$ 53 B	ł	3.SEX 4. COLOR OR RACE	5. Single, Married, Widowed,	21. DATE OF DEATH (month day, and year) 2/19/33	193
NDING	XA		remale. White.	or Divorced (write the word)	22. I HEREBY CERTIFY, That I stiended deceased from	n-15.
		Sate	5a. If maried, widowed, or divorced HUSBAND of			
BII	ate verl	certitica	(or) WIFE of		to have occurred on the date stated above, at	is said
M Z	e etc	cer	6. DATE OF BIRTH (month, day, and		The principal cause of death and related causes of important were as follows:	
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ED	Jan A	10 kg	8. Trade, profession, or particular	0 <u>n===min.</u>	Bull Torn-	•••••••
3 A	de a .	Ž Į		None.		······································
ESE	AGE tat it	10 moi	kind of work done, as spinner sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc			
IN R	ied.	instruction	year)	occupation	Other contributory causes of importance:	
IARGI		See in	12. BIRTHPLACE (city or town) S	tar, Idaho.		
M		ň	13. NAME Herman Mi	ller.	Name of operation	
	onrefully plain	၌	13. NAME Herman Mi.  14. BIRTHPLACE (city or town)  (State or country) Pa.		What test confirmed diagnosis? Was there an autops	
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•	realment should be F DEATH	Very	17. INFORMENT Herman	iller.	place.	
β.	ion OF	2	<u> </u>	Idaho.	Manner of injury	••••••
	E C	TION	18. BURIAL CREMATION OF REMO	Om Date 2/20/33 193	Nature of injury	
	informatio		19. UNDERTAKER Wm.MoBrat		24. Was disease or injury in any way related to occupation of deco	eased Y
•	info	PA	ll <b>5.4</b>	Ideho.	(Signed)	M, D.
\$	<b>Ä</b>		20. FILED 7 193 3	Registrar.	(Address) Star. daho.	
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
		ER STATEMENTS BY PHYSICIAN	

v. · <del>-</del>-AN<sup>®</sup> . . .

1	1	STATE OF ID			- da
		REACEON DEPARTMENT OF PUB	LIC WELFARE	DO NOT WRITE IN	THIS SPACE
		inty of Barrack BUREAU OF VITAL S	STATISTICS	i s	32753
1	Cou	CERTIFICATE O	F DEATH	State File No	26.00
1	Cit	y of Ascalello Registration District No	21		
		Primary Registration Distri	ct No.2/6/	Local Registrar's N	0. 40
		1115/2 /2	Of Due	\ \	•
		(No	the its name instead	of street and number.)	1
	2.		urger	•	206
	۵.	1115hm. 1+	St. St		•
		(a) Residence. No/// H. V. V. (Usual place of abode)	de Howlengin I	(If nonresident give city or to J. S., if of foreign birth? yr	
	Lei	ngth of residence in city or town where death occurred. yrs. mos.	us. How long in C	, s., n or roleign birth?	3. Mos. as.
		PERSONAL AND STATISTICAL PARTICULARS	MEDI	CAL CERTIFICATE OF DEA	TH
	3.S	4. COLOR OF RACE 5. Single, Married, Widowed, or Divorged (write the word)	21. DATE OF DEATE	I (month day, and year)	sch 25 1933
ŀ	17	Junel subite Linale		CERTIFY, That I attended de	
	5a.	If maried, widowed, or divorced HUSBAND of		, 193 , to Marc	4, 193.3
	l	HUSBAND of (or) WIFE of	I last saw haliv	e on, 19	3: death is said
<u> </u>		Da la e		the date stated above, at	
90		DATE OF BIRTH (month, day, and year)	were of follows:	e of death and related causes	Date of onset
2	<b> </b>	1 day, hrs.	still	for - Ang >	<b>4</b> .
9	ļ	Lule vannor min.	premater	of separation	
0	NO	8. Trade, profession, or particular kind of work done, as spinner,	9 place	int	
101	110	sawyer, bookeeper, etc			
å	PA	work was done, as silk mill, saw mill, bank etc			
00	2	10. Date deceased last worked at 11. Total time (years)	Other contributor:	y causes of importance:	
9	∥ŏ	this occupation (month and spent in this			
instruction					
Į	12	2. BIRTHPLACE (city or fown)			
Ē	25	13. NAME // illiam Eichelberger)	Name of operation		Date of
0	FATHER	William III	<u> </u>	diagnosis?Wasth	
(C)	FA	14. BIRTHPLACE (city or town) (State or country)	<del></del>	exter'icauses (violence) fill in	
i.	×	7/2	<b>!!</b>	homicide? Date	
Ę.	E	15. MAIDEN NAME X MAIDEN NAME X	Where did injury	occur?	
ĕ	MOT	(State or country)		occur?(Specify city or town count	
important.	-	(1)(1)(1)	Specify whether inj	ury occurred in industry in	home, or in public
	17	(Address)	place.		
very	18	BURIAL, CREMATION, OR DEMOVAL			
<b>.</b>		Place Date Date Mount 21933			
Z	19	UNDERTAKER TX X ME Hang	IJ	jury in any way related to occu	pation of deceased?
LION	_	(Address) Decatelle dano	If so, specif	H. H. Ilanaha	X
_	90	FILED May 14 193 & Delay	(Signed)	Dan Alt. 11	n Kala /-
		Registrar.	(Address)	- James Comme	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			•

PLACE OF BIRRECEIVED STATE OF IDAHO 1933DEPARTMENT OF PUBLIC WELFARE County of. **BUREAU OF VITAL STATISTICS** City of. CERTIFICATE OF BIRTH 210558 State File No.\_ Registration District No. (If born in hospital or institution give name.) Prim. Registration District No. // 6 Local Registrar's No. 1.0.1. FULL NAME OF CHILD ENT RECORD, number of each, 4. Twin triplet, or other 7 Legiti- 1105 8. Date of 6. Premature\_\_\_ 3. Sex If plurat births 5. Number, in order of birth\_\_\_ Full term/1002 mate (MONTH, DAY, YEAR) MOTHER 18. Full 9. Full **FATHER** Maider name name 10. Residence (usual place of abode)
(If non-resident, give place and State) 19. Residence (usual place of abode) (If non-resident, give place and State) 20. Color or race Yr 21. Age at last birthday (years) 11. Color or race Y : 12. Age at last birthday 3.3 (years) 22. Birthplace (city or place) 13. Birthplace (city or place) (State or country) (State or country) **₹**8 14. Trade, profession, or particular 23. Trade, profession, or particular kind S.S of work done, as housekeeper. kind of work done, as spinner, typist, nurse, clerk, etc.\_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc. \_\_ 25. Date (month and year) last 16. Date (month and year) last 26. Total time (years) 17. Total time (years) engaged in this work engaged in this work spent in this work... spent in this work\_\_ RETURN 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living \( \int\_{-}(b) \) Born alive but now dead \( \int\_{-}(c) \) Stillborn Before labor...! months 28. If stillborn. period of gestation\_\_\_\_\_\_\_\_\_\_or weeks 29. Cause of stillbirth\_144 Dering labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Alles on the date above stated. (BORN ALIVE OR STILLBOR When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. Midwife Give name added from a supplemental report\_\_\_\_\_\_ (DATE OF) Registr**a**r. Registrar.

CERTIFICATE OF DEATH. State of Idaho , PHYSICIANS statement BOARD OF HEALTH Registration District No. Bureau of Vital Statistics County of Primary Registration District No File No. Registered No. if death occurs away from usual residence, give facts If death occurred in a hospital, institution or camp, give its NAME instead of street and number. called for under special information. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. 16. DATE OF DEATH he word.) 6. DATE OF BIRTH. I HEREBY CERTIFY. That I attended deceased from (Year) 7. AGE IF LESS than 1 day that I last saw h and that death occurred on the date stated above, at FATH\* Mas as follows: 8. OCCUPATION (a) Trade, profession particular kind of work (b) General nature of industry, business, or estab-lishment in which employed (or employer).... 9. BIRTHPLACE Contributory 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (State or Country) \*State the Disease Causing Death; or in deaths from Violent Causes, state (1) MEANS OF INJURY: and (2) whether Accidental, Suicidal or Homicidal. 12. MAIDEN NAME OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) 13. BIRTHPLACE OF MOTHER At place of death....yrs.....nos (State or Country) Where was disease contracted 14. THE ABOVE IS if not at place of death?... N. B.—Every ite should state 15. 20. UNDERTAKER ADDRESS Local Registrar

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated this: Farmer (retired. 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Typessia", "Wholess," and so definite discourse the symptoms of the state of the symptoms "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL, septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL. or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory."

PLACE OF BIRTH CEIVED APR 7 - 1933 STATE OF IDAHO Country of Manaham DEPARTMENT OF PUREIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. 2 State File No. (If born in hospital or institution Prim. Registration District No. 2/94 Local Registrar's No. 66 give name.) 2. FULL NAME OF CHILD. 4. Twin, triplet, or other 6. Premature\_\_\_\_ 7. Legiti-8. Date of If plurai 3. Sex birth Mar births 5. Number, in order of birth\_\_\_\_ Full term mate?\_. (MONTH, DAY, YEAR) MOTHER 9. Full FATHER 18. F maiden nam) PERMANENT ch, and the numb en name 10. Residence (sisual place of abode) 19. Residence (usual place of abode) (Wnon-resident, give place and State) (If non-resident, ave place and State) 20. Color or race 21. Age at last birthday 32 (vent 11. Color or race 12. Age at last birthday 45 (years) 13. Birthplace (city or place) Thustle 22. Birthplace (city or place) Whan
(State or country)

23. Trade, profession, or particular kind (State or country) 14. Trade, profession, or particular kind of work done, as spinner, of work done, as housekeeper, CCUPATION typist, nurse, clerk, etc\_\_\_ sawyer, bookkeeper, etc. \_\_\_\_\_ 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc.\_\_ 16. Date (month and year) last 17. Total time (years) WITH UNFADING INK a Separate Return must 25. Date (month and year) last! engaged in this work 26. Total time (years) , 19.3 Spent in this work 25. spent in this work 27. Number of children of this mother 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living \_\_\_\_\_(b) Born alive but now dead \_\_\_\_\_(c) Stillborn \_\_\_\_\_ Before labor ... 28. If stillborn. months period of gestation Z or weeks ---- During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was \_\_\_\_\_\_at \_\_\_\_at \_\_\_\_m. or the date above stated. When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. Give name added from a supplemental report (DATE OF) Filed Char Registrar. Registrar.

STATE OF IDAHO RECEIVED APR 7 - 1933 DEPARTMENT OF PUBLIC WELFARE stated EXACTLY, PHYSICIAN Fxact statement of OCCUPA DO NOT WRITE SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH CERTIFICATE OF DEATH State File No..... County of Registration District Ne..... Local Registrar's No .. Primary Registration District No. 2/94/ City of ... A PERMANENT RECORD 2. FULL NAME..... (a) Residence. No..... (If nonresident give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. MEDICAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH Single, Married, Widowed, 8 SEX COLOR OR RACE should or Divorced (write (Month) (Day) (Year) 5a. If married, widowed, or divorced 17. I HEREBY CERTLEY, That I at nded deceased from HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day and year) that I last saw h..... alive on. If LESS than 1 day, 7. AGE The CAUSE OF DEATH\* 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, ....(duration) ......yrs. .... mos. .....ds. business, or establishment in which employed (or employer) CONTRIBUTORY ..... (Secondary) (c) Name of employer (duration) \_\_\_\_yrs. \_\_\_mos. \_\_\_ds. instruction 9. BIRTHPLACE (city or town) 18. Where was disease contracted (State or country) if not at place of death? ... Did an operation precede death? Date of \_\_\_\_\_\_ OF DEATH Was there an autopsy? ... What test confirmed diagnosis 11. BIRTHPLACE OF FA (State or Country) 12. MAIDEN NAME OF MOTH AUSE \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or Country) Date of Burial state Informant (Address) Address Under Registrar

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia." unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS-Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

	RECEIVED APR 7 1909 DEPARTMENT OF PUBL	DO NOT WRITE IN THIS SPACE
IAN	PLACE OF DEATH BUREAU OF VITAL S	STATISTICS State File No. 82791
PÁYSICIAN	County of Gingham CERTIFICATE OF	DEATH
XX -	Oity of Blackford Registration District No.	Local Pegistrer's No. 35
		No. 2 Local Registrar's No.
EXACTLY. classified. s on back.	2. FULL NAME	·
ed EX dy clas	(a) Residence. No.  (Usual place of abode.)  Length of residence in city or town where death occured. yrs. mos.	ds. How long in U. S. if of foreign birth? yrs. mos. ds.
). state proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECORI	3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word.)	16. DATE OF DEATH  (Month)  (Day)  (Year)
BINDI NENT 1 (GE sh hat it 1	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from  19.33, to Man, 19.33
FOR ERMAN	6. DATE OF BIRTH (month, day and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or	and that death occurred, on the date stated above, at 100 Pm.
SERVED IS A PI IS A PI IS A PI IS A PI IN terms N is ver	8. OCCUPATION OF DECEASED	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH* was as follows:
ESE S 18 The second	(a) Trade, profession, or particular kind of work	Premature Schachment
MARGIN B INK—THI Id be caref DEATH in 1	(b) General nature of industry, business, or establishment in which employed (or employer)	of Placenta Partial
`` 皮ջ™ҹ	9. BIRTHPLACE (city or town)	(duration) yrs, mos, ds.
UNFADIN rmation she CAUSE OF statement o	10. NAME OF TATHER TWALT HARRIS	(Secondary) (Secondary) (duration) yrs,mos,ds.
Ħ 2	11. BIRTHPLACE OF FATHER (city or town) Pression (State or Country)	18. Where was disease contracted if not at place of death?  Did an operation precede death?  Date of
of indicated	12. MAIDEN NAME OF MOTHER Aura Layne	Was there an autopsy?  What test confirmed diagnosis?
AINLY, y item should	18. BIRTHPLACE OF MOTHER (city or town) Sewiston (State or County)	(Signed) J. J. J. J. Address) Buckfoot, M. D.
WRITE PLAIN N. B.—Every ii si	Informant (Address) (Address) (Address)	19. Pice of Burial, Cromation, or Removal Date of Burial
WRI.	18. Mar. 1, 132 Mr. / Miller & Jun. Registrar.	20 Undertaker Colony Address Charleyook
		Porte i

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.-Precise statement of o appation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer," etc. without more precise specifications, as Day laborer. Farm laborer. Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entored as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"); Diptheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia; Brenchopneumonia ("pneumonia," unqualified, is indefite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ................................ (name origin): "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia." "Anaemia" (merely symptomatic) "Atrophy." "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion." "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritenitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

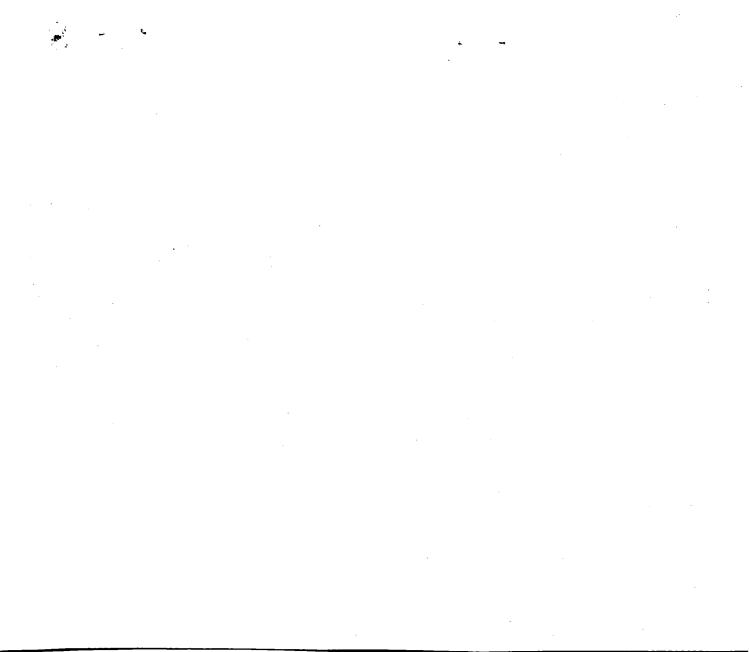
DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.



DEPARTMENT OF PUBL BUREAU OF VITAL S  County of Dingham Certificate Of  City of Blackford Megistration District No.  Primary Registration District (No.	DO NOT WRITE IN THIS SPACE  82798  State File No.  No. 2194  Local Registrar's No. 42
2. FULL NAME  (a) Residence. No. Blackful Jack  (Usual place of abode.)  Length of residence in city or town where death occurred. yrs. mos.  PERSONAL AND STATISTICAL PARTICULARS	St. (If nonresident give city or town and State.) ds. How long in U. S. if of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH
5a. If married, widowed, or divorced  HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.	(Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from  That I last saw h
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH* was as follows:  **CAUSE , state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL AC
10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (city or town) Physical (State or Country)  12. MAIDEN NAME OF MOTHER Elevin Sami William	CONTRIBUTORY (Secondary)  (duration)  18. Where was disease contracted if not at place of death?  Did an operation precede death?  Was there an autopsy?  What test confirmed diagnosis?
18. BIRTHPLACE OF MOTHER (city or town) Clackford (State or County)  14.  Informant (Address)  15.  Filed M. S. 1932 M. Lallow Registrar.	(Signed)  19 (Address) Blackford Date of Burial  20 Undertaker Company Address  Address  Address  Address
	DEPARTMENT OF PUBLICATION OF DECRASED  (a) PART (month, day and year)  7. AGE Years Months Days II LESS than 1 day, his. or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  (d) Name of Father  10. Name Of Father  11. Birthplace of Mother (city or town) Plantage of Mother (State or Country)  12. Maiden Name of Mother (city or town) Plantage of Mother (State or Country)  14. Informant (Address)  15. Maiden Address)  16. Date of Mother (city or town) Plantage of Mother (State or Country)  16. Informant (Address)

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory, The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as Day laborer Farm Isborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS) CERTIFICATE OF (If Morn in hospital or institution Prim. Registration District No. 2.155 Local Registrar's No. 2.0 give name.) FULL NAME OF CHILD (If stillborn, substitute the word "Scillbirth" for name of child) Number Twin Date of Sex of Legiti-Triplet and. in order birth Child of birth or other? (To be answered only in event of plural hirths) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth...... (a) Born alive and new living.... Born alive but now dead Stillborn FULE FATHER MATDEN Residence (Usual place of abode) If non-resident, give place and State Birthplace = (City and State or County) (City and State or County) Occupation .... Occupation .... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIPE. I hereby certify that I attended the birth of this child, who was stillborn on the date above stated. (Signature) ...... \*Where there was no attending physician? or midwife, then the father, householder. (Physician or midwife) etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth.

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City &	f Sand	point		TIFICATE			State File No	
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Length	(Usual	ence. No place of abode e in city or town	where death occ	ırred. yrs.	mos.	ds Howlong in I	(If nonresident give city or J. S., if of foreign birth?	
Econgta (					11	<del>*</del>		·
3.SEX	PERSOR	AL AND STAT			_		CAL CERTIFICATE OF D	<del></del>
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6. DATE 7. AGE	E OF BIRT	rs Month		rch 7, 19	<u> </u>	The principal cause were as follows:	of death and related caus	ses of importance
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10.	Date decea	sed last worked ation (month an	at 11. Total ti d spent occupa	ne (years) n this	-	Other contributory	causes of importance:	
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12. BIR	RTHPLACE (State or c	C (city or town). ountry)	Sandpol	a t				
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5 16. I	BIRTHPLA	CE (city or tow	n)		v	Vhere did injury o	ccur?(Specify city or town, cou	nty and State)
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17. INF	ORMENT	Willard			pla			
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19. UNI	DERTAKE	L. Č Sandpo	Moon		24		ury in any way related to occ	supation of deceased?
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To be complete, an occupation return must state:

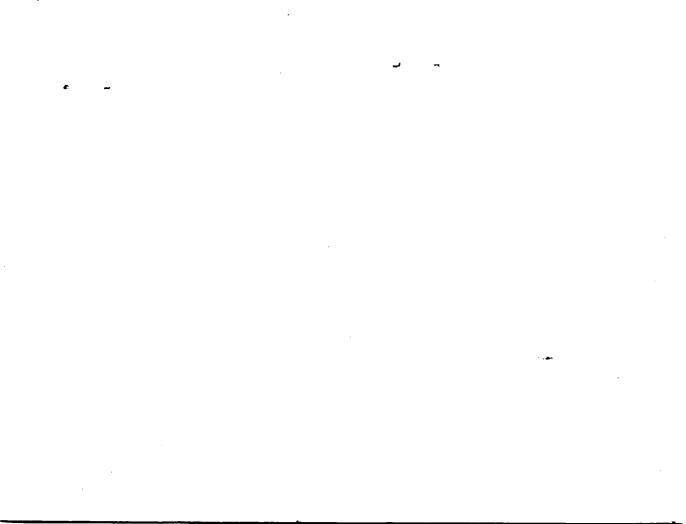
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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carrenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arterios cleros is	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year	
		ER STATEMENTS BY PHYSICIAN		
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ECORD. Every item of IXSICIANS should state t statement of OCCUPA.	County of Canal BUREAU OF VITAL  CERTIFICATE O  Registration District No  Primary Registration District No  (No	STATISTICS STATISTICS STATE DO NOT WRITE IN THIS SPACE STATISTICS State File No
INT REC F. PHY Exact 6	(a) Residence. No	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
ANEN CTLY. fied. H	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERMA d EXACI y classifi	3.SEX 4. COLOR OR RACE Or Divorced (write the word)  5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH (month day, and year) March 193 3  22. I HEREBY CERTIFY, That I attended deceased from 193 3, to 193 3, death is said
HIS IS A	6. DATE OF BIRTH (month, day, and year) 3-10-33  7. AGE Years Months Days If LESS than 1 day,hrs. or min.	to have occurred on the date stated hove, at
AGE shor hat it may on back of	8. Trade, profession, or particular kind of work done, as spianer, sawyer, bookeeper, etc	Clashina Reshelorum 3/10/33  Premature Trusths  Other contributory causes of importance:
UNFADIN y supplied. terms, so tl instruction	this occupation (month and spent in this occupation	Placerta Grava 7ms.
WITH UNcarefully s n plain ter it. See ins	13. NAME Craw M. Jacobson  14. BIRTHPLACE (city or town) Aggragm, Utak  (State or country)	Name of operation Induced Labor Date of 9/9/33 What test confirmed diagnosis? China Was there an autopsy? 20
NLY, ald be ATH i	(State or country) Has Mary Country  15. MAIDEN NAME Comma Mannie Clipse  16. BIRTHPLACE (city or town)  (State or country) Open Ablerty Co. Jawa	23. If death was due to exter causes (violence) fill in also the following:  Accident, suicide, or homicide?
(TE PLAI! ation shou E OF DEA is very im	17. INFORMENT CAMENT VALLEY STATES  18. BURIAL, CREMATION, OR BEMOVAL Date 3/11, 193 3	place.  Manner of injury  Nature of injury
B.—WRI informe CAUSI TION	19. UNDERTAKER (Address)  20. FILED 3/10, 193 2	24. Was disease or injury in any way related to occupation of deceased?
ż	Less Begietzel.	(Address)

MARGIN RESERVED FOR BINDING

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Other contributory causes of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

RECEIVED APR 11 1059 STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of... BUREAU OF VITAL STATISTICS O City of Library CERTIFICATE OF BIRTH \_\_\_State File No.\_\_\_\_ Registration District No ... 2156 Local Registrar's No. (If born in hospital or/institution Prim. Registration District No.\_\_\_ give name.) FULL NAME OF CHILD. A PERMANENT RECORD. each, and the number of each, 4. Twin, triplet, or other\_\_\_\_\_\_6. Premature\_\_\_\_7. Legiti-/ If plurai births Full term\_\_\_\_ mate? 5. Number, in order of birth\_\_\_\_ (MONTH, DAY, YEAR MOTHER 18. Full **FATHER** 9. Full maiden < name ' name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and state) (If non-resident, give place and Saret ----20. Color or race 21. Ace at last birthday 21. 11. Color or rapped 12. Age at last birthday 3 22. Birthplace (city or place) Mus 13. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, typist, nurse, clerk, etc. ទីទ kind of work done, as spinner, CCUPATION THIS made sawver, bookkeeper, etc. \_\_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, J. INK lawyer's office, silk mill, etc .\_. sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work & kn o spent in this work\_I\_\_ WITH UNFADING a SEPARATE RETURN E 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living \_\_\_\_\_(b) Born alive but now dead\_\_\_\_\_\_(c) Stillborn\_\_ Before labor .... months 28. If stillborn. 29. Cause of stillbirth. period of gestation\_\_\_\_\_ or weeks During labor\_4 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was \_ m. on the date above stated. (BORN ALIVE OR S When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. Give name added from a supplemental report\_\_\_\_\_ Address\_ WRITE (DATE OF) Filed. Registrar.

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ANENT RECORD. Every item of CTLY. PHYSICIA'NS should state fied. Exact statement of OCCUPA.	STATE OF ID  PLACE OF DEATH  County of County of County of CERTIFICATE O  City of CERTIFICATE O  Registration District No  Primary Registration District No  (If death occurred in a hospital or institution, 10 curred in a hospital or ins	State File No
MARGIN RESERVED FOR BINDING  N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANI information should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instruction on back of certificate.	5a. If maried, widowed, or divorced  HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and war 1 day,	22. I HEREBY CERTIFY, That I (attended deceased from
	13. NAME Jours Joshoff  14. BIRTHPLACE (city or town Manager 15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Manager 16. State of country)  17. INFORMENT OF INFORMENT (Address)  18. BURIAL CREMATICS OR INMOVAL Place 1938	Name of operation.  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to exter causes (violence) fill in also the following Accident, suicide, or homicide?  Date of injury.  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  Nature of injury.  24. Was disease or injury in any way related to occupation of deceased if so, specify  (Signed).  (Address).  M. I.

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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

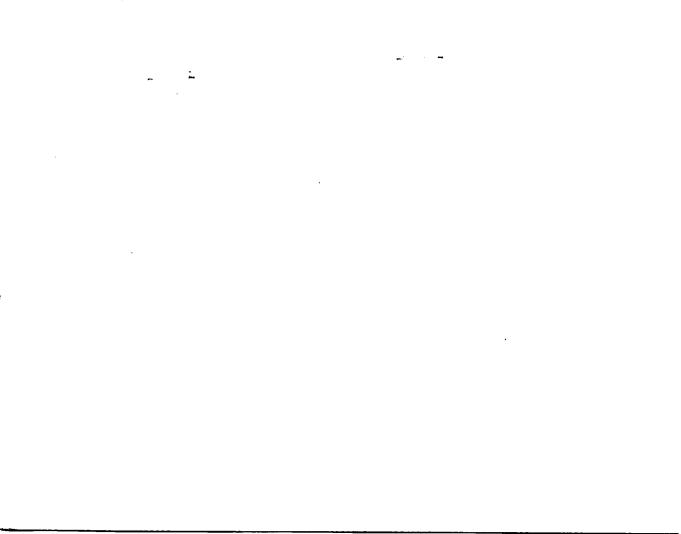
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	i	EXAMPLÉ II	•
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

N.	
.	PLACE OF IDAHO
RECORD be made for	
94	County of Carrios
## ##	BUREAU OF VITAL STATISTICS 210747
28	
西口	CERTIFICATE OF BIRTH
25	No. 1771 J. Mat. 2. St.
<b>4</b>	79 1-1/3 (144-294) Registration District No
Z 9	
田田 日田	(If born in hospital or institution give name.)  Prim. Registration District No. 2.0. Local Registrar's No. 4.0
Zz .	give name.) Prim. Registration District No. 22. Local Registrar's No. 27. L
<b>₹</b> 22	EVILL NAME OF CHILD OF ALL PARTY
E CE	FULL NAME OF CHILD
PERMANENT RETURN must l th stated.	
교교교	Sex of / Triplet   and   Number   Legiti-/ Date of   Date of   100
	Child / birth or other?
P. T. P.	(To be answered only in event of plural births) (Month) (Day) (Year)
IS V	
IS IS ARA' er of	What prophylactic was used to prevent Ophthalmia Neonatorum
21 A P	Number of child of this mother, including present birth (a) Born alive and now living
SEP.	Number of child of this mother, including present birth (a) Born alive and now living
FIRE	Born alive but now dead Stillborn One
	FATHER / FILL / MOTHER /
1322	MATDEN O
1111	NAME CASINEL COULD Trage NAME COMMINION / IMPO
birth each,	W A SCOTE A ST. DAGE
o a Z	Residence (Usual place of abode)
<b>5</b> - 1	If nonresident, give place and State
UNFAI ne child number	If nonresident, give place and State.
동육호	Color or race Mal Age at last Birthday 30 Color or race Mal Age at last Birthday 20
255	Color of race (Years) (Years)
N e n	Birthplace Birthplace Birthplace Birthplace
	(City and State of Country) (City and State or Country)
표 등 등	Occupation Cocupation Cocupation August
WITH e than nd the	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE®
اؤه ≥	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
of more	I hereby certify that I attended the birth of this child, who was Stillborn at
Sag	on the date above stated.
Z - 8	
PLAINLY case of mo	(Signature)(D) W. C. S.
PLA case	( *Where there was no attending physician )
	or midwife, then the father, householder, (Physician or midwife)
얼ㄹ	etc., should make this return. A stillborn
三世	
WRITE B.—In	child is one that neither breathes nor Address
<b>≽</b> ≖	shows other evidence of life after birth. Filed 3-20 1933 John Meyer
ź	Filed 5 193 Filed February
~	J 7
ļ	•



STATE OF ID.	АНО
COUNTY OF DEATH DEPARTMENT OF PUB	STATISTICS DO NOT WRITE IN THIS SPACE 82864
CERTIFICATE O	F DEATH State File No
City of Justion Registration District No	
Primary Registration Distric	ct No. 2005 Local Registrar's No. 30
(No	<u> </u>
(If death occurred in a hospital or institution,  2. FULL NAME 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	give its name instead of street and number.)
1 1/1 17	R# 2. s.
(a) Residence. No. (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. Howlong in U. S., if of foreign birth? yrs. mos. ds
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) $3 - 13$ 1933.
male white	I HEREBY CERTIFY, That I attended deceased from
5a. If maried, widowed, or divorced HUSBAND of	1 last saw h 4 malte on Manual 2, 193 3; death is said
(or) WIFE of	to have occurred on the date stated above, at
6. DATE OF BIRTH (month, day, and year) March 13- 33	The principal cause of death and related causes of importance
7, AGE Years Months Days If LESS than 1 day,hrs.	were as follows. Date of onse
or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	3
kind of work done, as spinner, sawyer, beokeeper, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town) Juston (State or country) Jana.	
13. NAME Clarence Gragg.	Name of operation
13. NAME Clarence Stragg.  14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
(State of country)	23. If death was due to exter leauses (violence) fill in also the following
15. MAIDEN NAME Hand Kimbar	Accident, suicide, or homicide?
15. MAIDEN NAME Has of Simbar  16. BIRTHPLACE (city or town) Not known  (State op-gountry)	Where did injury occur? (Specify city or town county, and State)
Man Na 10	Specify whether injury occurred in industry, in home, or in public
17. INFORMENT (Address)	place.  Manner of injury.
18. BURIAL, CREMATION, OR REMOVAL	Nature of injury
07/12	24. Was disease or injury in any way related to occupation of deceased
19. UNDERTAKER (Address)  Cald (Vell Janho)	If so, specify,
20. FILED 3-17, 1983 John & Meyer Registrar.	(Signed) Carl Warner T. D.
Togistrai.	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days age	
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		
***************************************				

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	RECEIVED APR 13  PLACE OF DEATH OUNTY OF FRANKLIN	BUREAU OF VITAL S' CERTIFICATE OF	C WELFARE DO NOT W  TATISTICS  DEATH  State File No	RITE IN THIS SPACE 82894
_	ity of Dayton	Registration District No	2.7	<b>3</b> -
C	ity of	Primary Registration District		Local Registrar's No. 22
			and the second	,
	(If death an	(Noeurred in a hospital or institution, give	its name instead of street and numb	er.) 206
_	0+;11h		e e	
z.	FULL NAME Stilloin			
	(a) Residence. No.			dent give city or town and State.)
Le	(Usual place of abode.) ength of residence in city or town where	death occured. yrs. mos.	ds. How long in U. S. if of for	eign birth? yrs. mos. ds.
	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTI	FICATE OF DEATH
3.	SEX 4. COLOR OR RACE	5. Single, Married, Widowed,	16. DATE OF DEATH	<del></del>
म	emale   White	5. Single, Married, Widowed, or Bivorced 1 (write the word.)	march	23
			(Month)	(Day) (Year)
5 <b>a</b>	L. If married, widowed, or divorced	ne	17. I HEREBY CERTIFY, That	I áttended deceased from
	HUSBAND of (or) WIFE of			5 to March 23 1933
		march 23,1933	The state of 19	ct 001 ab
	DATE OF BIRTH (month, day and year)		that I last saw hear alive on-	Stillborn 19
7.	AGE Years Months	Days If LESS than 1 day, hrs. or	and that death occurred, on the	ne date stated above, atm.
	Stillborn	min.	*State the DISEASE CAUSING	DEATH, or in deaths from VIOLENT ND NATURE OF INJURY, and (2)
8.	OCCUPATION OF DECEASED		whether ACCIDENTAL SUICIDA	DEATH, or in deaths from VIOLENT ND NATURE OF INJURY, and (2) AL, or HOMICIDAL. follows:
	(a) Trade, profession, or		The CAUSE OF VEATH was as	10110412
	particular kind of work		our voi	AAA
	<ul><li>(b) General nature of industry, business, or establishment in</li></ul>		(Vocal )10	I all annual
	which employed (or employer)		, and the second	, • • •
	(c) Name of employer		•••••	
9	BIRTHPLACE (city or town) La	yton deho	(dur	ation)ds.
٠.	(State or country)		CONTRIBUTORY	
	10. NAME OF FATHER		(Secondary)	
	wm A	thas		ation)yrs,mos,ds.
70		Grace Idaho	18. Where was disease contract	ed
Ž	11. BIRTHPLACE OF FATHER (city (State or Country)	or town)		Date of
PARENTS			Was there an autopsy?	
A	12. MAIDEN NAME OF MOTHER SE	rah Durney	What test confirmed magnosis	
	18. BIRTHPLACE OF MOTHER (city	or town Arborn wyo	(Signed)	TULLIA M.D.
	13. BIRTHPLACE OF MOTHER (city (State or County)	UF WWI)	ון י	Address)
1	Informant Athas Day	T.3	19. Place of Burial, Cremation,	or Removal Date of Burial
	(Address)	ton roano	Dayton Idaho	19
1	5. 0 / 05/ 33	6 11 1-0	20. Undertaker	Address
1	5. Filed C( pr. 18, 1933	Tell's States	None	]

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of o appation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used on'v when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery: (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer." etc. without more precise specifications, as Day laborer Farm laborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"); Diptheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms: Measles: Whooping Cough; Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.). "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia." "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

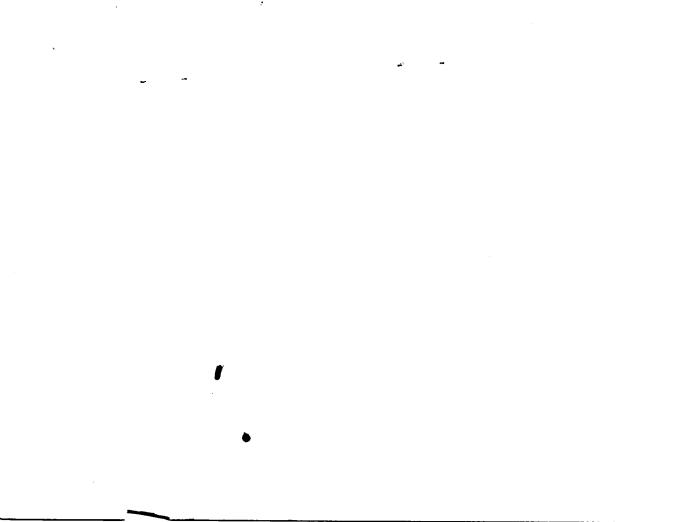
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO made DEPARTMENT OF PUBLIC WELFARE RECORD County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH A PERMANENT I TE RETURN mu birth stated. .....State File No. ..... (If born in hospital or institution give Prim. Registration District No. 1/9 - Local Registrar's No. 45 name.) FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Legiti-Sex of in order Triplet birth ..... or other? mate? of birth Child? (To be answered only in event of plural births) (Month) a SEFAR in order What prophylactic was used to prevent Ophthalmia Neonatorum? ...... THIS Number of child of this mother, including present birth (a) Born alive and now living Stillborn Born alive but now dead..... s Frt G FATHER FULL MAIDEN FULL NAME ... UNFADING Residence one child (Usual place of abode (Usual place of abode If non-resident. If non-resident. give place and State give place and State Color or race Age at last birthdag Color or race. ţ Birthplace case of more than for each and th Birthplace. (City and State or County) (Ofty and State or County) WITH Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* PLAINLY I hereby certify that I attended the birth of this child, who was Stillbown on the date above stated. (Signature) \*Where there was no attending physician or mid-) WRITE wife, then the father, householder, etc., should (Physician or midwife) make this return. A stillborn child is one that neither breathes nor shows other evidence of life Address. after birth.



PHYSICIAN  T	ECEIVED APR 13 1933  PLACE OF DEATH  County of Pranklin Certificate OF	DO NOT WRITE IN THIS SPACE 82893  State File No. 82893	
	City of Preston Registration District No.	No. 21/1 Local Registrar's No.	
ted EXACTLY. rly classified. tions on back.	2. FULL NAME Stillborn  (a) Residence. No.  (Usual place of abode.)  Length of residence in city or town where death occured. yrs. mos.	St. (If represident give city or town and State.)	
sta rope ruci	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
RECORD. nould be may be p	8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word.)	16. DATE OF DEATH  Much. (Day) (Year)	
SINDIN ENT R. F. short at it martent.	5a. If married, widowed, or divorced HUSBAND of Stillborn (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from, 19	
AG AG tha tport	6. DATE OF BIRTH (month, day and year) March 16 1933	that I last saw h alive on, 19	
A PERM A PERM upplied. terms, so s very in	7. AGE Years Months Days If LESS than 1 day, hrs. or	and that death occurred, on the date stated above, at	
RESERVED IS IS A Pully supplible term ION is ver	8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work	Elemping Molling	
MARGIN RESERVED FOR BINDING INK—THIS IS A PERMANENT RECAL DE Carefuly supplied. AGE should DEATH in plain terms, so that it may occupation is very important. See	(b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	Still bon	
P. J. D. O. C. D.	9. BIRTHPLACE (city or town) Preston Ideho (State or country)	(duration)yrs,mosds.  CONTRIBUTORY (Secondary)	
UNFADING rmation show CAUSE OF 1	10. NAME OF FATHER Dan Swainston	(duration)yrsmosds.	
WITH U inform state CA	11. BIRTHPLACE OF FATHER (city or town) Whitney Idaho (State or Country)	Did an operation precede death? Date of	
` 0 <sub>m</sub> =	A 12. MAIDEN NAME OF MOTHERATICAL LITTIES WAS		
AINLY, 7 item should	18. BIRTHPLACE OF MOTHER (city or town) Nithfield U1 (State or County)	Was there an autopsy?  What test confirmed diagnosis?  (Signed)  , M. D.	
WRITE PLAIN N. B.—Every it sh	14. Dan Sweinston Informant (Address) Preston Idaho	19. Place of Burial, Cremation, or Removal Pate of Burial reston Ideho 19	
W. B.	15. Filed Spril 8, 1033 9, W. Stales Registrar.	None Address	

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Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

County of Franklin ED APR	13 4933 p	STATE ( EPARTMENT OF	OF IDAHO PUBLIC WELFARE	
City of Preston, Idaho		BUREAU OF VI	TAL STATISTICS 1	0824
No. St.		CERTIFICA?	TE OF BIRTH	$\boldsymbol{\alpha}$
	Registration Dist	rict No. 27	State File No	5
(If born in hospital or institution give name.)	Prim. Registratio	on District No.2.11	Local Registrar's	No. Ges
FULL NAME OF CHILD	Stillbirth (If stillborn, s	ubstitute the word "Still	birth" for name of child)	
Sex of Twin Child Boy Triplet or other? (To be answered on	and   Number   in order   of birth   ly in event of plural bi	Legiti- mate?	Date of birth March 23 (Month) (Day	, 19
What prophylactic was used to preve			ver Nitrate	
Number of child of this mother, including p				
		Stillborn1		
FATHER		PITT.I	MOTHER	
FULL NAME Felix Henry Edwards		MAIDEN NAME Viola	Winger	
Residence (Usual place of abode) Prestor			e) Preston	
T#		If non-resident		
give place and State	**************************************	give place and State		
Color or race	ot birthday 21	Color or race W	Age at last b	irthday 19
Birthplace Masterton, New Zeals  City and State or Cocupation Shoe Maker	(Years)	Dea		(Vacue)
Birthplace Masterton, New Zeals	ind	Birthplace Fre	ston, Idaho (City and State or Coun	······································
Shoe Maker	ounty)	Occupation Hous	ekeeper	· <b>3</b> )
			<del></del>	
CERTIFICAT	E OF ATTENDIT	NG PHYSICIAN Q	***	
				<b>T</b> D
I hereby certify that I attended	the birth of this	child, who was   S	tillborn Jat	M.مر
on the date above stated.			4	<b>1</b> 0
	(Sigr	nature)		Mun
*Where there was no attending physician of wife, then the father, householder, etc., make this return. A stillborn child is on neither breathes nor shows other evidence	or mid- should ne that of life	( ) to	(Projectan or midwift	e)
after birth.	) Addr	ess JUSO		(-) Z
	Filed	Spril 8 195	3 4, 10,	Registrar.

•	-	· .	
···			

RECENTED AND LAND	STATE OF I	DAHO	
PLACE OF DEATH	DEPARTMENT OF PU		DO NOT WRITE IN THIS SPACE
County of Franklin	BUREAU OF VITAL		87031
	CERTIFICATE (		State File No
City of Preston	Registration District No	27	
	Primary Registration Distr		Local Registrar's No. 36
	(No		
	curred in a hospital or institution		•
2. FULL NAMEBaby	Edwards	•	· <b></b>
(a) Residence. No (Usual place of abode)		St	(If nonresident give city or town and state)
Length of residence in city or town wh	nere death occurred. yrs. mos	ds. How long in U	S., if of foreign birth? yrs. mos. d
PERSONAL AND STATIS	TICAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RAC	E 5. Single, Married, Widowed,	21. DATE OF DEATH	(month day, and year) Mon 23 193
Male white	or Diverth the word)	22. I HEREBY	CERTIEY, That Lattended deceased from
5a. If maried, widowed, or divorced HUSBAND of		- [gut/N	an, 7952, to Mar. 23, 193
(or) WIFE of		11	on 77701 1.3 , 1933: death is sa
6. DATE OF BIRTH (month, day, an	nd year) Mar. 23 IS	to have occurred on	the date stated above, at
7. AGE Years Months	Days If LESS than	were as follows:	Date of one
	1 day	35	1 = 11
8. Trade, profession, or particul		( CHAINY	y y jugocanorum
kind of work done, as spinn sawyer, bookeeper, etc 9. Industry or business in which	at .	Praye	apre cong
9. Industry or business in which work was done, as silk mill, saw mill, bank etc			
work was done, as silk mill, saw mill, bank, etc	ROHO	041	
2 10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	Other contributory	causes of importance:
year)	occupation		
12. BIRTHPLACE (city or town)P	reston		
		Nome of operation	Data d
IV. NAME VIII	<del></del>	Hame or oberation	Date of
	New Zeland	What test confirmed	liagnosis? Weathers an autonom?
4 14. BIRTHPLACE (city or town) (State or country)	New Zeland		
(State of country)		23. If death was due to	exter' causes (violence)fill in also the following
(State of country)	ola Winger	23. If death was due to Accident, suicide, or l	exter I causes (violence) fill in also the following nomicide?
15. MAIDEN NAME V1 16. BIRTHPLACE (city or town) (State or country)	ola Winger Preston Idaho	23. If death was due to Accident, suicide, or l Where did injury or	exter I causes (violence) fill in also the following nomicide?
15. MAIDEN NAME Vi 16. BIRTHPLACE (city or town) (State or country)  17. INFORMENT  Vi	ola Winger Preston Idaho	23. If death was due to Accident, suicide, or l Where did injury of Specify whether inju	exter I causes (violence) fill in also the following nomicide?
15. MAIDEN NAME VI 16. BIRTHPLACE (city or town) (State or country)  17. INFORMENT (Address)	ola Winger Preston Idaho idwards Preston	23. If death was due to Accident, suicide, or l Where did injury of Specify whether injury	exter l'causes (violence) fill in also the following nomicide?
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMENT (Address)  18. BUBIAL CREMATION, OR BEM	ola Winger Preston Idaho idwards Preston	23. If death was due to Accident, suicide, or l Where did injury of Specify whether injury place. Manner of injury	ry occurred in industry in home, or in publi
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMENT (Address)  18. BURIAL, CREMATION, OR REM Place	ola Winger Preston Idaho  idwards Preston  OVAL ho. Date Mar. 23 193 I	23. If death was due to Accident, suicide, or l Where did injury of Specify whether injurylace. Manner of injury	exter causes (violence) fill in also the following nomicide?
(State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMENT (Address)  18. BUBIAL, CREMATION, OR BEM	ola Winger Preston Idaho  idwards Preston  OVAL ho. Date Mar. 23 193 I	23. If death was due to Accident, suicide, or l Where did injury of Specify whether injurylace. Manner of injury	exter causes (violence) fill in also the following nomicide?
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMENT (Address)  18. BURIAL, CREMATION, OR REM Place Waithey Ids  19. UNDERTAKER	ola Winger Preston Idaho  idwards Preston  OVAL ho. Date Mar. 23 193 I	23. If death was due to Accident, suicide, or l Where did injury or Specify whether injurylace. Manner of injury	exter causes (violence) fill in also the following nomicide?

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

  11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

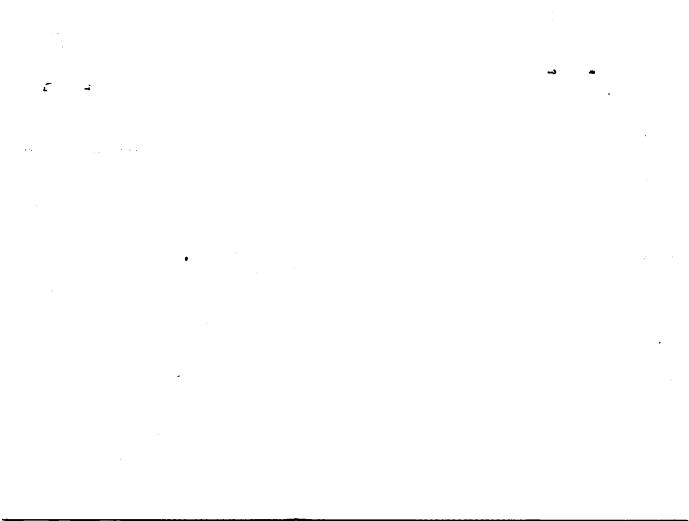
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineer's by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	į!	EXAMPLE II			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN			
			***************************************		

(Years)



EXACTLY. PHYGICIAN classified.	STATE OF IDA  PECEIVED ADR 13 1022 DEPARTMENT OF PUBI  PLACE OF DEATH  County of Franklin  City of Preston  Primary Registration District No.  (No.  (If death occurred in a hospital or institution, given a second control of the county of th	DO NOT WRITE IN THIS SPACE STATISTICS DEATH  27 No. 2//9 Local Registrar's No. 20 e its name instead of street and number.)
sted E2 erly cla	(a) Residence. No. Preston  (Usual place of abode.)  Length of residence in city or town where death occured yrs. mos	ds. How long in U. S. if of foreign birth? yrs. mos. ds.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  N. B.—Every item of information should be carefully supplied. AGE should be stated Elshould state CAUSE OF DEATH in plain terms, so that it may be properly classically supplied. See instructions of Exact statement of OCCUPATION is very important. See instructions of	BOY White 5. Single. Married, Widowed. or Divorced (write the word.)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stillbirth  6. DATE OF BIRTH (month, day and year) March 12 1933  7. AGE Years Months Days If LESS than 1 day. hrs. or Stillbirth  8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (city or town) Preston, Idaho (State or country)  10. NAME OF FATHER Ernest Wilmer Olson  11. BIRTHPLACE OF FATHER (city or town) Weston, Idae (State or Country)  12. MAIDEN NAME OF MOTHER Edrie Jane Biggs  13. BIRTHPLACE OF MOTHER (city or town) Franklin Idae (State or Country)	MEDICAL CERTIFICATE OF BEATH  16. DATE OF DEATH  March  (Month)  (Month)  12.  (Month)  13.  14.  15.  16.  16.  16.  17.  16.  18.  18.  19.  19.  19.  19.  19.  19
<i>-</i>	Filed Registrar.	none

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect. Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery: (a) Foreman. (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"); Diptheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition." "Marasmus." "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

SERVICE OF IDAMOSICS Cauply of .... BUILDAN OF VITAL STATISTICS HTHE OF STROTT Hardstration District No ..... State File No. nollustient an freitange f al fin Prime Produktention District No. 1. Local Boutstray's No. THE TANK OF CRUB. if willifen substitute the word Bildolich for name of pailer to oract -irius-I M Ywa Personal Contraction of labor lang bases or mach What prophylactic was used to present Ophthabula Sematorum? int. Burn alive and new living with desired of this mother, backeding present birth. n southus... Horie alive but now dend Rechisery (Line) place of all de ...... Her cheer of Long I show at abust in week length worth and If an a antitant, give phone and safe lemman de pice place and him .... Color of rare of rare Aug at last Birthony of Color of race. Les and Lost Birthay · Lin challege Birthplucy ... CERTIFICATE OF ATTENUISC PHYSICIAN OR HUMBER artic seal Largeby certify that I attended the hirth of this child, who was lithwen on the date above stated. · Where there was no attending physician Di sidwile, then the father, householder, steer alternate make this rejuya. A still for a child is one that petther breather nor divide raths of the property feets arrive To the second

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6. 7.

OCCUPATION

MOTHER FATHER

PLACE OF DEATH	DEPARTMENT OF PUBLIC WELFARE
County of Gooding	BUREAU OF VITAL STATISTICS
$(p_{\bullet})$	CERTIFICATE OF DEATH
City of Sus	n · · · · · · · · · · · · · · · · · · ·

DO NOT WRITE IN THIS SPACE

83921 State File No.

City of Registration District No	<del>24</del>
Primary Registration Distr	rict No. Local Registrar's No. 2/9
Tilmaly wegistration Distr	Local Registral 5 1101
(No	give its name instead of street and number.
	give its name instead of street and number.)
2. FULL NAME SULLOWN JACO	J. 16
(a) Residence. No.	/St
(Hsual place of shode)	(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos	. ds. How long in U.S., if of foreign birth? yrs. mos. ds
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE 5. Single, Matried, Widowed,	04 DATE OF DEATH (AL d
or Divorced (write the word)	21. DATE OF DEATH (month_day, and year) 193
timale Wall Dugle	22. I HEREBY CERTIFY, That I attended deceased from
5a. If maried, widowed, or divorced HUSBAND of	, 193, to, 193
(or) WIFE of	I last saw halive on, 193: death is sai
4 0 1/- 9 3	to have occurred on the date stated above, atm.
6. DATE OF BIRTH (month, day, and year) 2 · 24-33	The principal cause of death and related causes of importance
7. AGE Years Months Days If LESS than	
Stellbarn 1 day,hrs.	11101
8. Trade, profession, or particular	Milwern
	- A - A - A - A - A - A - A - A - A - A
kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at 11. Total time (years)	and melevor
9. Industry or business in which work was done, as silk mill,	
saw mill, bank etc	OAL 49/L -4
10. Date deceased last worked at 11. Total time (years)	Other contributory causes of importance:
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Blins tola	
(State or country)	
M 10 MAND LINE 17	Name of ensention Date of
13. NAME TO COLOR TOWN)  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
(otate of country)	23. If death was due to exter leauses (violence) fill in also the following
15. MAIDEN NAME Flavell Gehrens 16. BIRTHPLACE (city or town) Chicago (State or country)	Accident, suicide, or homicide? Date of injury, 193
5 16. BIRTHPLACE (city or town) Chicago	Where did injury occur? (Specify city or town, county, and State)
State or country)	
May The It wish in	Specify whether injury occurred in industry in home, or in public
17. INFORMENT (Address)	place.
	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL Place Date Date 193	Nature of injury
Place Date, 193	24. Was disease or injury in any way related to occupation of deceased
19. UNDERTAKER NAME	
(Address)	If so, specify for house
20. FILED 3-31-, 1933 Q Cumrel	(Signed)////
20. FILED Registrar.	(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I	!	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH STATE OF IDAHO HIS IS A PERMANENT RECURD SEPARATE RETURN must be mad in order of birth stated. DEPARTMENT OF PUBLIC WELFARE - 1933 BUREAU OF VITAL STATISTICS City of ..... CERTIFICATE OF BIRTH 210895 (If born in hospital or institution give name.) Prim. Registration District No.....Local Registrar's No....9.... FULL NAME OF CHILD.... (If stillborn, substitute the word "Stillbirth" for name of child) Number and in order Date of Legiti-, Sex of Triplet birth mate? Child V or other? (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? .... Number of child of this mother, including present birth...... (a) Born alive and now living..... Residence (Usual place of abode) Residence (Usual place of abode) If non-resident, give place and State..... It non-resident, give place and State, A....Age at last Birthday... Color or race... Color or race.. Birthplace ..... City and State or County) Occupation .... OF ATTENDING PHYSICIAN OR MIDWIFE. PLAINLY ded the birth of this child, who was Stillborn I hereby certify the on the date above sta (Signature) ...... \*Where there wa tending physician WRITE (Physician or midwife) ather, householder, or midwife, the s return. A stillborn etc., should m neither breathes nor Address .... child is on dence of life after birth. shows other

观察性性 40 年 16日: THE REPORT OF THE PARTY AND A SUPPLIED STATES OF THE STATES OF THE STATE O THE REPORT OF THE PARTY. All states the second s terior Received to Digital No. There is supported the word "Statistic for many of the state of the state of THE PROPERTY 2 5 by Parent the second of the second of the second of the second control of the second control of the second of the collection of this wither, including person by the form after him which lived when him now dend.... Same of the same o body is such health mouthered The control of which give plant med I back a comprehensive and the comprehensive of with from the to see (we think the case of the capacity and Face or County many the state of on appropriate the see the or minuster. heredy centre the service birth of this child, who was I Sullings enthere there we got send to physically or or or with the tree there is the consendent or TO THE ME TO ME HEXILE etc., chould use the street, Acadingora, child is one to diver breather nor death. HAMES BOA 

ОАНО
BLIC WELFARE DO NOT WRITE IN THIS SPACE
STATISTICS 83999
State File No
24
ict No Local Registrar's No2/8
give its name instead of street and number.
y la lis
(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (month day, and year)
22. I HEREBY CERTIFY, That I attended deceased from
3 - / /, 193 , to 3 - / 4 , 193 }
I last saw halive on, 193: death is said
to have occurred on the date stated above, at
were as follows:
Julion
Warnely a localis
Other contributory causes of importance:
other comprisatory caused in reportance.
Name of operation
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to exter'icauses (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur?
(Specify city or town county, and State)
Specify whether injury occurred in industry in home, or in public
Mornon of Injury
Manner of injury
Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ( Deramwell, M.D.
(Address)

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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

at birth

State File (If born in hospital or instituum etye min. FULL NAME OF CHILD If plural | 4. I win tripletions Month, Par Year divide to refer of birth 18. Fall FITTER 9. Full n Main 19. Residence (usual place of abode) 10. Residence (named relace of abode) If non-resident, give place and (If non-resident, give place and State)... Color or race. A. 12. Age at last birthday & 2 (years) By Color or race... 22 Birthulaur Birthplace totty or placeland 23. Trade, prefession, or particular kind. 14. Trade, profession, or particular of work done, as housekneper, twe let. kind of work dime, as spinner, nus se, clerk, etc..... savyer, bookseppr. etc. Industry or business in which industry or business in which work was done, as own home. were the se and way then lawyer's office, silk mill, etc ... mill bank, eye. ..... 25. Date (mouth and year) last engaged in this work 26. Total time (years) lest organed in this work [17. Total time (years) Date (month and year) spent in this work. spent in this work remove we common at an invested (a) Born alive and now living & (b) Born alive but now dead at (c) Stillborn. What prophylactic was used to prevent Ophthalania Neonatorum? Herore labor. months / During labor 28. If stillborn. or weeks og. Cause of stillhirth. neriod of mentation ... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE M. D. I beroby certify that I attended the birth of this child, who (Seened) .... The said HENVEY IN Midwife at A the on the date above stated Address (Burn Allve or Stillhorn) When there was no attending physician or midwife, then ] Place & & ... 1984 the sother, householder, etc., chould make this veturn.

FORE CELVED APR 1933 State of Idaho CERTIFICATE OF DEATH BOARD OF HEALTH PLACE OF DEATH Burcan of 8t3 92 Registration District No..... Primary Registration District No. 2/83 County of File No..... Registered No. If death occurred in a hos-If death occurs away from pital, institution or camp, give its NAME instead of usual residence, give facts called for under special instreet and number. 2. FULL NAME... formation. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE | 5. SINGLE, MARRIED, WID-3. SEX OWED OR DIVORCED 16. DATE OF DEATH the word. 6. DATE OF BIRTH (Month) 17. I HEREBY CERTIFY, That I attended deceased from (Month) (Day) IF LESS than 1 day 7. AGE how many hrs. and that death occurred on the date stated above, at 2/157. M. Yrs. Mos. ds or \_\_\_\_\_ min. ? 8. OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or establishment in which employed (or employer)..... Yrs. mos. (Duration) 9. BIRTHPLACE (State or Country) (Secondary) 10. NAME OF (Duration) 11. BIRTHPLACE OF FATHER (State or Country) \*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 12. MAIDEN NAME OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) 13. BIRTHPLACE OF MOTHER In the At place of death.....yrs.....mos..... (State or Country) Where was disease contracted if not at place of death?.... Former or usual residence DATE OF BURIAL OF BURIAL OR REMOVAL 15. Local Redistrar SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia") monia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms: Measles; Whooving cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile,"
etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia." "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."

PLACEBENVED MAR 22 STATE OF IDAHO 1933 DEPARTMENT OF PUBLIC WELFARE County of Lann f more BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH Registration District No / State File No. (If born in hospital or institution Prim. Registration District No. Local Registrar's No. N. B.—I give name. 2. FULL NAME OF CHILD.... 8. Date of PERMANENT RECORD. ch, and the number of each, If plural 4. Twin, triplet, or other\_\_\_\_\_6. Premature\_1\_\_7. Legiti-3. Sex histb births 5. Number, in order of birth Full term mate? 42 male (MONTH, DAY, YEAR) MOTHER FATHER 18. Fúll 9. Full name maiden Wyckoff. and Edus name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_ (If non-resident, give place and state)\_\_\_\_\_ 11. Color or race 12 12. Age at last birthday 4 6 (years) 20. Color or race 21. Age at last birthday \$1. (years) 22. Birthplace (city or place)\_\_\_\_\_\_ (State or country) Z ě 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper typist, nurse, clerk, etc. kind of work done, as spinner, January sawyer, bookkeeper, etc. CCUPATION made 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. WITH UNFADING INK—
a Separate Return must be sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work.\_\_\_ spent in this work\_\_\_ 27. Number of children of this mother (At time of this birth and including this chifts) (a) Born alive and now living (b) Born alive but now dead (... (c) Stillborn..... Before labor .... months 28. If stillborn. period of gestation\_\_\_\_\_ or weeks 29. Cause of stillbirth\_\_\_\_ During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

ttended the birth of this child, who was at the state above stated. I hereby certify that I attended the birth of this child, who was a structure of StillBorn) When there was no attending physician ) (Signed) Chao or midwife, then the father, householder, etc., should make this return. Give name added from Address Jerome Ideko a supplemental report\_\_\_\_\_ WRITE one ch (DATE OF) Filed\_\_\_\_\_ Registrar.



ALL A CHARLES OF YORK THE RESERVE TO SERVE THE PARTY OF THE PARTY 

A PARTY OF THE PAR

RECEIVEL  BANKS  BANKS  BANKS  BANKS  BANKS  BANKS  BANKS  County  City of   Registration District No Primary Registration Dist  (No. (If death occurred in a hospital or institution No)  No. (You have the second of the second o	OF DEATH  / &  rict No	DO NOT WRITE I  State File No  Local Registrar's  of street and number.)  (If nonresident give city 3. S., if of foreign birth?	83938 No. 206	
455		21. DATE OF DEATH 22. I HEREBY (  I last saw haliv.	I (month day, and year) CERTIFY, That I attended to the date stated above, as	20 1933 deceased from, 193, 193
A A A B Years  A A A B A B A B A B A B A B A B A B A	tone, as spinner,  pper, etc	n ward as fallows:	tion of con-	Date of onset
This occupation year)  12. BIRTHPLACE (city (State or country)  13. NAME  14. BIRTHPLACE (city (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (CITY)  17. INFORMENT (Address)  18. BURIAL, CREMATIPLACE (Address)  19. UNDERTAKER (Address)  20. FILED 2.	city or town)  Core Wys (city or town)	Whattest confirmed  23. If death was due to Accident, suicide, or l  Where did injury o  Specify whether injury  place.  Manner of injury  Nature of injury	(Specify city or town course of in industry	in also the following: ate of injury, 193 unty, and State) in home, or in public

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of
various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-
ceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may he re-
turned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in
answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages how-
ever, designate the occupation by the appropriate terms, as servant—private family cook—hotel etc. For a person who
had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

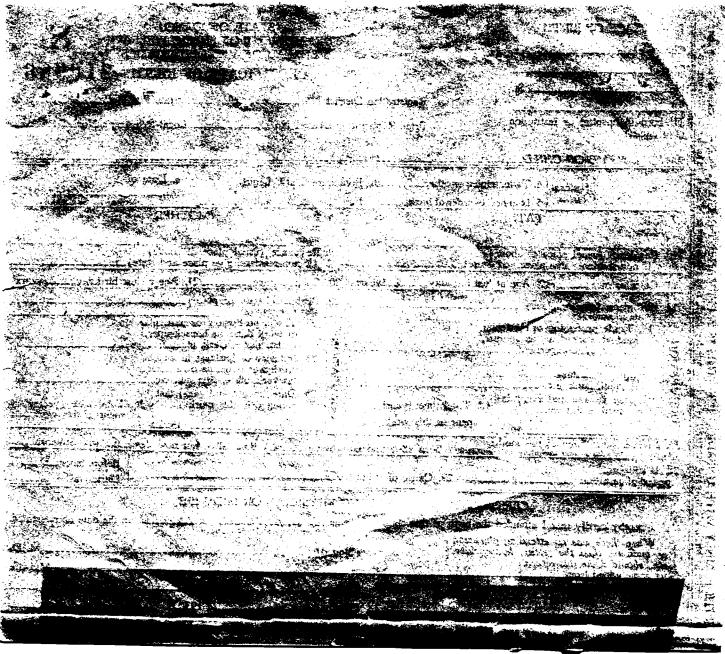
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE 1	FOR FURTH	ER STATEMENTS BY PHYSICIAN	1

PLACE OF BIRTH STATE OF IDAHO 1. DEPARTMENT OF PUBLIC WELFARE County of 4 BUREAU OF VITAL STATISTICS City of \_\_\_\_\_ CERTIFICATE OF BIRTH Registration District No. State File No. Prim, Registration District No. 2/28 Local Registrar's No. 5. (If born in hospital or institution give name.) FULL NAME OF CHILD... If plurai (4. Twin, triplet, or other 8. Date of \_ 6. Premature 7. Legiti-3. Sex births 5. Number, in order of birth Full term (MONTH, DAY, YEAR) MOTHER 18. Full 9. Full FATHER maiden name PERMANENT ch, and the numb name / 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident give place and State) (If non-resident, give place and state) UMLA ZL 21. Age at last birthday 3.2 (years 11. Color or partial 12. Age at last birthday 3.1 (years) 20. Color or Asick 22. Birthplace (city or place)\_ 13. Birthplace (city or place) \_/
(State or country) (State or country) K B 23. Trade, profession, or particular kind 14. Trade, profession, or particular 2.5 of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. Mouse unsawver, bookkeeper, etc. \_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc. \_\_\_\_. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last must 26. Total time (years) engaged in this work engaged in this work spent in this work ..... spent in this work\_ RETURN (At time of this birth and including this child) (a) Born alive and now living 3. (b) Born alive but now dead 0. (c) Stillborn 1. 27. Number of children of this mother Before labor ... months 28. If stillborn. 29. Cause of stillbirth Tark During labor See period of gestation. or mooks CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE Warm at Mist Im. on the date above stated. I hereby certify that I attended the birth of this child, who was \_\_\_\_\_\_\_ When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. Give name added from a supplemental report\_\_\_\_ (DATE OF) Registra



NT RECORD. Every item of . PHYSICIANS should state . Exact statement of OCCU.	PLACE OF DEATH PLACE OF DEATH County of Fermont City of St. Anthony City of St. Anthony Registration District No Primary Registration District No (If death occurred in a hospital or institution, 2. FULL NAME (Baby) Hubbard (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	SLIC WELFARE STATISTICS STATISTICS STATE STATE STATE STATE STATISTICS State File No
G MANE CTLY ssified	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DIN EXA cla	3.SEX 4. COLOR OR RACE or Biorced (Write the word)  Feinale White Single, Married, Widowed, or Biorced (Write the word)  5a. If marled, widowed, or divorced HUSBAND of (or) Wife of	21. DATE OF DEATH (month day, and year) /// 193  22. I HEREBY CERTIFY, That I attended deceased from 193.  I last saw h alive on 193.; to 193.; death is said
R BIN IS A P stated roperly certifica		to have occurred on the date stated above, at
FO HIS d be	6. DATE OF BIRTH (month, day, and year) "Arch 1-1955  7. AGE Years Months Days If LESS than 1 day,	The principal cause of death and related causes of importance were as follows:  Date of onset
ADING INK slied. AGE sh., so that it ma	8. Trade, profession, or particular kind of work done; as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	Druck fulsentation and to want of the contributory fraces of importance:
MARC UNF. supp terms	12. BIRTHPLACE (city or town) St. Anthory, (State or country)	
. 4 4/	13. NAME William R. Hubbard	Name of operation
WITH arefull plain taut.	13. NAME William R. Hubbard  14. BIRTHPLACE (city or town) Pendleton,  (State or country)	What test confirmed diagnosis? Was there an autopsy?
N. BWRITE PLAINLY, WIT information should be carefu GAUSE OF DEATH in plai PATION is very important.	(State or country)  15. MAIDEN NAME Margaret R. Ard  16. BIRTHPLACE (city or town) Elemone Kansas.  17. INFORMENT W. R. Hibbard (Address) St. Anthony, Idano Route 1  18. BURIAL, CREMATION, OR REMOVAL Place File of decide Place File of decid	23. If death was due to exter causes (violence) all in also the following:  Accident, suicide, or homicide?  Date of injury

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Arteriosclerosis  Chronic interstitial nephritis	1915 1921	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Cerebral hemorrhage	July 5, 1927	Run over by street car  Peritonitis	1 week ago 3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BIT STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 1009 State File No. Registration District No. (If born to hospital or institution Prim. Registration District No. \_\_\_\_\_\_\_Local Registrar's No. \_\_\_\_\_ give name. FULL NAME OF CHILD ENT RECORD, number of each. 8. Date of 2 4. Twin, triplet: con 6. Premature 7. Legiti-If plurai births 5. Number, in order of birth\_2\_ Full term mate? (MONTH, DAY, YEAR) 18. F411 MOTHER o Full maiden name PERMANENT ch, and the numb essell пате 19. Residence (usual place of abode) 10. Residence (usual place of abode) sauce (If non-resident give place and State) (If non-resident ngive place and State) ... 20. Color or race 21. Age at last birthday 37 (years 11. Color or race 12. Age at last birthday 13. Birthplace (city or place 22. Birthplace (city or place) ... (State or country) (State or country) ₹ Š 23. Trade, profession, or particular hind 14. Trade, profession, or particular និទ of work done, as housekeeper, kind of work done, as spinner, CUPATION CCUPATION typist, nurse, clerk, etc\_\_\_\_\_. THIS sawver, bookkeeper, etc. \_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, [ must be lawyer's office, silk mill, etc... sawmill, bank, etc. \_\_\_. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) UNFADING | RATE RETURN IN spent in this work\_11spent in this work. 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living \*\*\tag{2.}(b) Born alive but now dead\_ (c) Stillborn brun time acharation Before labor 28. If stillborn. months period of gestation or weeks 29. Cause of stillbirth During labor\_44 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE to m, on the date above stated. I hereby certify that I attended the birth of this child, who was PLAINLY hild at birth, When there was no attending physician ) or midwife, then the father, householder, (Signed) --etc., should make this return. Give name added from a supplemental report\_\_\_\_\_\_ (DATE OF) Filed Claril 3 \_**گ**ے193 Registrar.



BINDING

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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

212-035 742 STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTHO \_\_\_State File No.\_ (If born in hospital or institution the name.) Prim. Registration District No. 96 Local Registrar's No. give name.) 2. FULL NAME OF CHILD 8. Date of If plural 4. Twin, triplet, or other\_\_\_\_\_\_6. Premature\_t\_\_\_7. Legiti-RECORD 3, Sex mate? Z births 5. Number, in order of birth\_\_\_\_ Full term\_\_\_\_ (MONTH, DAY, YEAR) emale MOTHER 18. Full 9. Full **FATHER** PERMANENT' RI maiden name name / 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) love . 11. Color or race 22 | 12. Age at last birthday 23 (years) 20. Color or race 121. Age at last birthday 2.27 (years) 22. Birthplace (city or place)\_ 13. Birthplace (city or place) --(State or country) (State or country) Z g 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper typist, nurse, clerk, etc 8,2 kind of work done, as spinner, sawyer, bookkeeper, etc. **OCCUPATION** 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawver's office, silk mill, etc.\_ sawmill, bank, etc. 25. Date (month and year) last WITH UNFADING INF a Separate Return must 16. Date (month and year) last 26. Total time (years) engaged in this work 17. Total time (years) engaged in this work spent in this work\_\_\_\_ spent in this work... (At time of this birth and including this child) (a) Born alive and now living. Q. (b) Born alive but now dead. Q. (c) Stillborn .... Before labor ----months 28. If stillborn. 29. Cause of stillbirth\_\_\_\_\_ During labor ..... period of gestation\_\_\_\_\_ or weeks CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was stillform at 10 42 m. on the date above stated. (BORN KIVE OF STILLBORN) When there was no attending physician ) or midwife, then the father, householder. etc., should make this return. Give name added from a supplemental report\_\_\_\_\_ (DATE OF) Filed Man 30 . 193 5. Registrar.

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			***************************************

HIS IS A PERMANENT RECORD SEPARATE RETURN must be made in order of birth stated.	City of St.  No. St.  (If born in hospital or institution give name.)  FULL NAME OF CHILD.  Twin Triplet and Number in order of birth	bstitute the word "Stillbirth" for name of child)  Legiti- mate?  Date of 1923
a SEPAR, in order	What prophylactic was used to prevent Ophthalmia  Number of child of this mother, including present birth	Neonatorum? Ag 2 7/2
निस्	Born alive but now dead	
E C E	FULL MAME Stand Name (Usual place of abode)	FULL MOTHER MAIDEN July Laboras Residence (Usual place of abode)
UNFADING one child a	It non-resident, give place and State	If non-resident, give place and State
ૅુન∓ા	Color or race white	Color or race White Age at last Birthday (Years)  Birthplace (City and State or County)  Occupation
PLAINLY WITH case of more that for each and	CERTIFICATE OF ATTENDIN  I hereby certify that I attended the birth of this on the date above stated.	
WRITE P. N. B.—In ca	*Where there was no attending physician or midwife, then the father, householder,	(Physician or midwife)  iress Talad ait Islaho

STATE OF HAHO MEARTAINT OF PUBLIC WESTARD BUREAU OF VITAL STATISTICS CERTIFICATE OF BUSTH Figur Reciettation Instruct No. Local Registrar's No. CITIES AND ALLESS Topics of the transfer of the control of the contro (5:2) attrift/ East prophylartic was used to prevent (abritainia veonatorum? Sumber of while of this mother including present trees at the flore give and now its ala Pa RATHER NATION MAIDEN Residence | Unial place of abode Color on stee ... Are at last littled Hirtinbluce CERTIFICATE OF AFTENDING PHYSICIAN OR MIDWIEMS Patients werein that I attended the birth of this child, who was britishers on the thre above stated. \*Where there was no strending physician (Physician or midwife) or midwife, then the fattler, householder, ele, should make this return. A stillborn child is one that neither breather nor shows other evidence of life after birth.

RECEIVEDAR 9	1933 STATE OF ID		HIC CDACE
County of Oneida	BUREAU OF VITAL S  CERTIFICATE O	STATISTICS 89	355
Pi		ict No. 2009 Local Registrar's No.	206
(a) Residence. No(Usual place of abode) Length of residence in city or town where	Nolow,	St. <b>Malad Idaho</b> (If nonresident give city or tov ds. How long in U. S., if of foreign birth? yrs.	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEAT	<del>y</del>
	5. Single, Married, Widowed, or Divorced (write the word)  Child	21. DATE OF DEATH (month day, and pear) full	//
5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of		I last see hea alive on 1933, to 193 to have occurred on the date stated above, at	: death is s
6. DATE OF BIRTH (month, day, and y 7. AGE Years Months	Days  If LESS than 1 day, 0hrs. or 0min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	-	Approximation of places	<sup>7</sup> a
10. Date deceased last worked at this occupation (month and year)	. Total time (years) spent in this occupation	Other contributory causes of importance:	
12. BIRTHPLACE (city or town)(State or country)	Malad Idaho		
13. NAME George M Wa	rd	Name of operation Da	te of
13. NAME George M Wa 14. BIRTHPLACE (city or town) (State or country)	<b>Woldruff</b> Ida	What test confirmed diagnosis? 22. Was ther  23. If death was due to exter leauses (violence) all in al	so the followin
15. MAIDEN NAME Viola T 16. BIRTHPLACE (city or town) (State or country)	Malad	Accident, suicide, or homicide? Date of i Where did injury occur? (Specify city or town county,	and State)
17. INFORMENT Address)	n Marg	Specify whether injury occurred in industry in ho	
18. BURIAL, CREMATION, OR REMOVA		Nature of injury	
19. UNDERTAKER (Address) Mal	I Idaho M. Kasus	(Signed)	<i>рб</i> р, м
20. FILED 728 , 193.3	Registrar.	(Address) malad d	aho,

MARGIN RESERVED FOR BINDING

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11:—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE I	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	•••••••		•••••••••••••••••••••••••••••••••••••••

of more than h stated.	1. PLACE OF BRITHED APR 11 1933 County of SHOSHORE	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
9 5	City of KINGSTON	CERTIFICATE OF BIRTH 211069
birt	No	strict No
디디	(If born in hospital or institution give name.)  Prim. Registrati	on District No. 2291 Local Registrar's No. 27
N. B.—I in order	2. FULL NAME OF CHILD. BABY HUNT	There
A PERMANENT RECORD. ach, and the number of each,	3. Sex  If plural 4. Twin, triplet, or other 6. Problem 5. Number, in order of birth Fu	
ANENT REC	9. Full FATHER name	18. Full MOTHER maiden
	ALFONSO CHARLES HINT  10. Residence (usual place of abode)	name PRIVATION BLANCHE RETNORM.  19. Residence (usual place of abode)
E S	(If non-resident, give place and State)KINGSTON	(If non-resident, give place and state) KINGSTON
Z al	11. Color or race All 12. Age at last birthday 36 (years)	20. Color or race_am21. Age at last birthday_33 (years)
A PE.	13. Birthplace (city or place)KINGSTON_IDAHO	22. Birthplace (city or place) WEBASVA (State or country)
S P	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
be made 1	F 15. Industry or business in which work was done, as silk mill,	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
nust X	O congress in the work	O 25. Date (month and year) last engaged in this work 26. Total time (years)
PADING Return	PRESENT 19	19
$\sim \sim 10$	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and not	w living_O. (b) Born alive but now deadO (c) Stillborn I
WITH UNF	28. If stillborn, nine   months   period of gestation   29. Cause of stillbirth	Before labor  During labor
E	CERTIFICATE OF ATTENDING	G PHYSICIAN OR MIDWIFE
a €	I hereby certify that I attended the birth of this child, who	was STILIBORN at 7200 ho on the date above stated.
AINLY at birth,	( When there was no attending physician)	(BORN ALIVER STILLBORN)
at b	or midwife, then the father, householder, etc., should make this return.	igned)
F P		Midwife
		dress KELLOGG Idho
WRITE one d	Fil	depr. 1 1935 her Jalen to Bul
<b>∑</b>	Registras.	Registrar.

PROFILE CONTROL OF THE PROFILE OF TH

	912728040-466			
e than	1. PLACE OF BENTA CEIVED, APR. 1 1 193 County of SHOSHONE	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE		
of more h stated.	City of EXELLOGG	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 211071		
hot	No St.	and the control of th		
case of	NONE Registration Di			
r of	(If born in hospital or institution Prim. Registrati	on District No. 2201 Local Registrar's No. 3/		
N. B.—In in order of	2. FULL NAME OF CHILD BABY GIRL RASHUS			
PERMANENT RECORD. ch, and the number of each,	3. Sex   If plural 4. Twin, triplet, or other 6. Problem 5. Number, in order of birth Fu			
r of	9. Full FATHER	18. Full MOTHER		
F	name MELS K. RASMUSSEN	maiden name EDITH DOW		
N E	10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and state) KELLOGG		
EMA Ed t	11. Color or race 12. Age at last birthday 41 (years)			
A PER each, a	13. Birthplace (city or place) NEBRASKA (State or country)	22. Birthplace (city or place)RRINSHISK		
for e	14. Trade, profession, or particular	23. Trade, profession, or particular kind of work done, as housekeeper typist, nurse, clerk, etc		
e made	z sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill,	24. Industry or business in which		
	work was done, as silk mill, sawmill, bank, etc.	work was done, as own home, lawyer's office, silk mill, etc		
nust h	16. Date (month and year) last engaged in this work 17. Total time (years)	typist, nurse, clerk, etc		
IN IN	PRESENT 19 spent in this work	, 19		
A FEE	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and no	w living 1. (b) Born alive but now dead 1. (c) Stillborn 1		
WITH UNFADING INK a Separate Return must	28. If stillborn, nine months period of gestation 29. Cause of stillbirt	h premature detachment of During labor		
SEP	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
≥ ¤	I hereby certify that I attended the birth of this child, who	was STILLEORN atatOmage the date above stated.		
F. C.	l ( W/hon there was no accending Diusicidii i	igned)		
at a	(etc., should make this return.	Midwife		
chilc	a supplemental report	dress KELLOGG Idaho		
ne (	Fi	ed Uss 1: 1933 Mis- Helen to Base		
إ	Registrar.	Registrar.		

<b>#</b> \$ ₽	RECEIVED APR 11 1935 STATE OF ID	OHAO
very item of should state t of OCCU-	PLACE OF DEATH DEPARTMENT OF PUR	
	BUREAU OF VITAL	1 8/18/4 1
very shou it of	CERTIFICATE O	F DEATH State File No
Sve	City of Registration District No	123
	Primary Registration Distri	
JRD. Ev. ICIANS s statement	(No	)
E C S	(No(If death occurred in a hospital or institution,	give its name instead of street and number.)
RECORD. PHYSICIAN Exact statem	2. FULL NAME and	umusen.
R Ex	(a) Residence. No.	Main Stalt.
	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
NENT	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
45.5	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 430 4 79. 193
NDING PERMA d EXACI	or Divorced (write the word)	22. I HEREBY CERTIFY. That I attended deceased from
EEE EEE	5a. If maried, widowed, or divorced	March 2 5 th , 1932, to, 193
ZPF	HUSBAND of (or) WIFE of	I last saw halive on, 193; death is said
BI S A tate tate	44.34	to have occurred on the date stated above, at 4.3.0 A.
IS IS	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	The puincipal cause of death and related causes of importance were as follows:  Date of onset
FI IS	1 day,hrs.	f f g
ED 1	8. Trade, profession, or particular	July Som.
> 1 48 8 -		Extrane flesh and
SER INE GE	9. Industry or business in which	machoryt of mother
ES G 1 A C	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc	
EZ.	10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	Other contributory causes of importance:
RGIN RES FADING I pplied. AG	year) spent in this occupation (mouth and occupation	
RG		
MARC UNF y supp		
	13. NAME Letter 1. rumussen	Name of operation Date of
WITH carefull n plain	14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
oar car	(blace of country)	23. If death was due to exter'l causes (violence) fill in also the following:
H & H	14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  (State or country)  (State or country)  (State or country)	Accident, suicide, or homicide? Date of injury 193 Where did injury occur?
NLY Id be VTH		(Specify city or town county, and State)
PLAINLY n should be F DEATH	1 (State of county)	Specify whether injury occurred in industry in home, or in public
PI DE		place.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
VRIT ormat USE	1 H = 3 m = 2 m = 3	Nature of injury
2 4 2 6		24. Was disease or injury in any way related to occupation of deceased?
C E	(Address)	If so, specify (Signed)
<b>M</b>	20. FILED LAND, 1933 Mis felie M. Begistrar.	(Signed) , M. D. (Address) , M. D.
Ż	Acgistrar.	
		,

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	-

•	
RECEIVED APR 11 1933	
PLACE OF BIRTH	STATE OF IDAMO
County of Lucia talls	DEPARTMENT OF PUBLIC WELFARE
City of Turin Falls	BUREAU OF VITAL STATISTICS
No. R. 7. A- st.	CERTIFICATE OF BIRTH $211096$
212112048 689 Registration	District No. 37 State File No.
	ration District No.2085 Local Registrar's No. # 74
I LAX X I U U TAALA A	) Balous
FULL NAME OF CHILD (If stillbor	n, substitute the word "Stillbirth" for name of child)
Sex of Twin and Number in order	Legiti- Date of 2 1 3 3
Child Water or other? of birth (To be suswered only in event of plurel	birth 1993 (Year)
What prophylactic was used to prevent Ophthal	mia Neonatorum?
Number of child of this mother, including present b	oirth
Born alive but now dead	Stillborn
FULL Carral FATHER Baker	FULL MAIDEN Waude Whitakee
Residence (Usual place of abode).	Residence (Usual place of abode).
It non-resident, give place and State	If non-resident, give place and State
Color or race	
Birthplace (Yes	Birthplace
(City and State or County) Occupation	Occupation (City and State or County)
CERTIFICATE OF ATTE	NDING PHYSICIAN OR MIDWIFE
	Syllbarn: 0450
I hereby certify that I attended the birth of	this child, who was Schiller atat
on the date above stated.	(Signature)
(*Where there was no attending physician)	14
or midwife, then the father, householder,	(Physician or (P
detc., should make this return. A stillborn	Address Turin Falls all
child is one that neither breathes nor shows other evidence of life after birth.	
,	Filed april, 1933 Les C. Halling.

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DRING WELTARE Special Statistics THE RESERVE APPLIES Chieft) agenti and the manufatta present of the inter the first of charact of the puts marker, fredholog from at the long when the and the character Born anys ted or a said P PRETCH And the second second to an internal see the care him Placeby core a that I attended the high of this child, who was bottle con other and (a) Manager (a) fremen there waste acts adia; physician The sales and sales of the to butterfe ther be father, bousefuller ofe should the state of the state of the rendered selection of this titure of the entrement of the street birth.

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING

, 7	RECEIVED OR 1 1 1991. STATE OF IL	NAHO.
		BLIC WELFARE DO NOT WRITE IN THIS SPACE
	BUREAU OF VITAL	,
	certificate o	F DEATH State File No
Cit	y of With Talla Registration District No	
	Primary Registration Distri	·
	$R_{1}$ .	ree Jamp
	(If death occurred in a hospital or institution,	give its name instead of street and number.)
2.	FULL NAME Armord allan	Daker
	(a) Residence. No. Noute # 3	(If nonresident give city or town and state)
Le	(Usual place of abode) ngth of residence in city or town where death occurred.  yrs. o mos.	Ods. How long in U.S., if of foreign birth? yrs. mos. ds.
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.5	4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and yea) March / 2. 1933
<u> </u>  _,	Male white	28 I HERUBY CERTIFY, That I attended deceased from
5a	. If maried, widowed, or divorced HUSBAND of	181 MM 193 7, to March 12 193 3.
_	(or) WIFE of	I last saw he glive on, 198 death is said
6.	DATE OF BIRTH (month, day, and year Munch) /2-/23	to have occurred on the date stated above, atm.  The principal cause of death and related causes of importance
	AGE Years Months Days If LESS than	Date of onset
	0 1 day,hrs. or min.	
NO.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	
OCCUPATION	9. Industry or business in which work was done, as silk mill, saw mill, bank etc	
000	10. Date deceased last worked at this occupation (month and year)	Other contributory causes of importance:
1:	2. BIRTHPLACE (city or town) Jurn Falls (State or country)	
ER	13. NAME 6 7 Bakes	Name of operation
FATHER	14. BIRTHPLACE (city or town) Jarran	What test confirmed diagnosis?Was there an autopsy?
E/	(State or country)	23. If death was due to exter causes (violence) fill in also the following:
	15. MAIDEN NAME Wanda Whitaker_	Accident, suicide, or homicide? Date of injury
MOTHER	16. BIRTHPLACE (city or town) Liquipley	Where did injury occur? (Specify city or town, county, and State)
Z	(State or country)	Specify whether injury occurred in industry in home, or in public
17	. INFORMENT OF TOURS TALES SAME	place.
-		Manner of injury
18	BURIAL, CREMATION, OR REMOVAL Place Date 193	Nature of injury
19	UNDERTAKER White Maturary Inc	24. Was disease or injury in any way related to occupation of deceased?
-	(Address) Two Falls (Sdaffo	If so, specify
26	FILED 3/14 , 1933 Searge C. Halle	(Address) Jum Telle Odaho
_		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write name.

To be complete, an occupation return must state:

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9.—The industry of business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

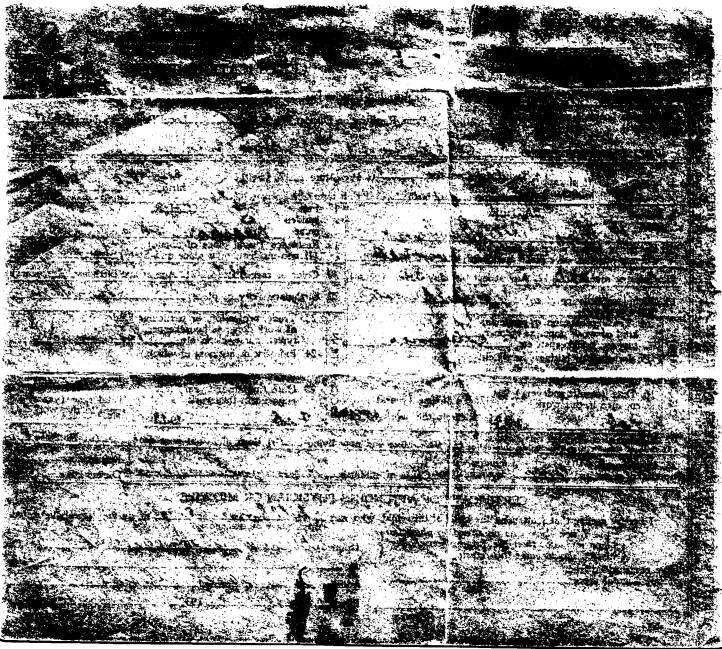
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

28042 -253 EIVED APR 11 1933 PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of C BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. 37 State File No. (If born in hospital or institution Prim. Registration District No. 108 J Local Registrar's No. give name.) Stillbom? FULL NAME OF CHILD ANENT RECORD the number of each, 8. Date of 4. Twin, triplet, or other\_\_\_\_\_ 6. Premature 7. Legiti-3. Sex If olucal hirth... births Tema Full term 4.00. mate? ( 5. Number, in order of birth\_\_\_\_ (MONTH, DAY, YEAR) MOTHER 18. Full 9. Full **FATHER** maiden name PERMANENT ch, and the numb name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) June Falls (If non-resident, give place and State) 20. Color or race 11 21. Age at last birthday [9\_ (years) 11. Color or race 11. Age at last birthday 32 (years) 22. Birthplace (city or place)\_\_\_\_\_ (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. sawver, bookkeeper, etc. \_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawver's office, silk mill, etc. Que sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work spent in this work \_\_ 19*3.3* WITH UNFADING a Separate Return (At time of this birth and including this child) (a) Bern alive and now living \_\_\_\_ (b) Born alive but new dead \_\_\_\_\_ (c) Stillborn ... 27. Number of children of this mother Before labor .... months 28. If stillborn. wing labor\_\_\_\_ 29. Cause of stillbirths period of gestation\_Q\_ or weeks CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Still born at 5/31 m. on the date above stated. When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report\_\_\_\_\_ (DATE OF) Registrar.



•	1 1 1	STATE OF ID	АНО
	P t a		LIC WELFARE DO NOT WRITE IN THIS SPACE
:	uld st CCUP	County of www falls BUREAU OF VITAL S	STATISTICS 82699
		CERTIFICATE O	F DEATH   State File No
	shout Of	City of Junn Falls Registration District No	37
ş	ម្មីស្ត្	Primary Registration Distri	ct No. 1085 Local Registrar's No. 40
	A N n n n n n n n n n n n n n n n n n n	1120 114 000	es Frank
5	SICIAN statemen	(No. // The Mark (If death) occurred in a licerpital or institution,	give its name instead of street and number.
Ş	YSICIA stateme	2. FULL NAME Daby MC Sove	rn 1
	KECOKD. PHYSICIA	(a) Residence. No. Noute # 4	St Buhl daho
5	PH	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
2		Length of residence in city or town where death occurred. yrs. mos.	
5	CLY.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	ACTI sified	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) Let 28 1933
Ž		Jemale White Single	22. I HEREBY CERTIFY, That I attended deceased from
	EX Class	56. If maried, widowed, or divorced HUSBAND of	Feb. 28 , 193 3, to Feb. 28 , 193 3
BINDING	d by	(or) WIFE of	I last saw her alive on 1933: death is said
	tat tat per ate	6. DATE OF BIRTH (month, day, and year) Feb 28- 1933	to have occurred on the date stated above, at 4:42 m.  The principal cause of death and related causes of importance
FOR	fic fic	7. AGE Years Months Days If LESS than	were as follows:  Date of onset
Ĕ	nis is	1 day,hrs.	01177
Œ.		8. Trade, profession, or particular	Still born, forceps delivery
RESERVED	l agh		strangulation, cord around neck
EH		9. Industry or business in which	
S	G. I. AG nat i	work was done, as silk mill,	
<b>E</b>		10. Date deceased last worked at 11. Total time (years)	Other contributory causes of importance:
Z	ied ied tio	this occupation (month and spent in this occupation	
RGIN	NFADIA supplied. rms, so tl struction	12. BIRTHPLACE (city or town) June Falls	
AH		- (State or country)	
×		13. NAME William & Me Hovern  14. BIRTHPLACE (city or town)	Name of operation none Date of
	TH See	14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Church Was there an autopsy?
		(State of County)	23. If death was due to exter causes (violence) fill in also the following:
	ould be ce EATH in mportant.	15. MAIDEN NAME Sthey settlar  16. BIRTHPLACE (city or town) stee  (State or country)	Accident, suicide, or homicide?
İ	INLY uld be ATH aports	6 16. BIRTHPLACE (city or town) Yateo	Where did injury occur? 10016 (Specify city or town, county, and State)
	CAINLY should b DEATH	(State or country) Montana	Specify whether injury occurred in industry in home, or in public
	A de la la la la la la la la la la la la la	17. INFORMENT WING Mª DOVERN	place. none
	ion OF	(Address) (loute # 4 Buhl Sash	Manner of injury none
		18. BURIAL, CHEMATION, OR REMOVAL Places 7 Levy Date New 2 , 193 3	Nature of injury none
	-WRITE Information SAUSE OF	Alphoto Mastrian Jane	24. Was disease or injury in any way related to occupation of deceased?
	-WR inform CAUS TION	19. UNDERTAKER (Address) SWW Falls date,	If so, specify DO
	1201	00/00	2 (Signed) Dullaw Stille & M.D.
	<b>=</b>	20. FILED 3/2 , 1933 Leage G. Nally Registrary	(Address) Twin Falls Idaho
	ray .	T 7 20 20 20 20 20 20 20 20 20 20 20 20 20	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
			1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			******

STATE OF IDAHO 1933 DEPARTMENT OF PUBLIC WELFARE County of C **BUREAU OF VITAL STATISTICS** ·CERTIFICATE OF BIRTH \_\_\_State File No. Registration District No......32 (If born in hospital or institution Prim. Registration District No. 10.8. I. Local Registrar's No. 76. give name.) FULL NAME OF CHILD. 4. Twin, triplet, or other\_ 8. Date of 6. Premature\_\_\_\_7. Legiti-3. Sex lf plurai hirth. births mate?\_4e 5. Number, in order of birth\_\_\_ Full term 14.54 (MONTH, DAY, YEAR) Jems 18. Full 9. Full **FATHER** number maiden name PERMANENT ch, and the numb name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 21. Age at last birthday (years) 20. Color or race / 11. Color or race 12-band 12. Age at last birthday 50\_ (years) 22. Birthplace (city or place) June 13. Birthplace (city or place) (State or country) (State or country) ₹ š 23. Trade, profession, or particular kind 14. Trade, profession, or particular 25 of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc\_\_\_\_ THIS sawyer, bookkeeper, etc. \_\_ 24. Industry or business in which 15. Industry or business in which Idaho work was done, as own home, work was done, as silk mill, lawver's office, silk mill, etc. sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last WITH UNFADING INF a Separate Return must engaged in this work 26. Total time (years) spent in this work. (At time of this birth and including this child) (a) Born alive and now living 2\_(b) Born, alive but now dead\_\_\_\_(c) Stillborn\_ Before labor .... months 28. If stillborn. period of gestation 9 mo. 29. Cause of stillbirth. During labor\_1/-CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Struck \_\_\_\_ m. on the date above stated. (BORN ALIVE OR STILLBORN) When there was no attending physician ) or midwife, then the father, householder, GY ared & M. D. etc., should make this return. Give name added from a supplemental report\_\_\_ (DATE OF) Registrar.

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Activities of the Commission o

RECEIVED APR OCCUPA. STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No. Registration District No..... PHYSICIANS Primary Registration District No. 1085 Local Registrar's No.... PERMANENT RECORD. hospital, or, institution, give its name instead of street and number.) FULL NAME Residence. No.. (If nonresident give city or town and state) (Usual place of abode) ds. How long in U.S., if of foreign birth? Length of residence in city or town where death occurred. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. Single, Married, Widowed, 21. DATE OF DEATH (month day, and year). BINDING or Divorged (write the word) I HEREBY CERTIFY, That I attended deceased from...... 3/13/33 Ca. If maried, widowed, or divorced HUSBAND of 193.. properly (or) WIFE of to have occurred on the date stated above, at 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance were as follows: Date of onset 7. AGE Years Months Days If LESS than 1 day, ..... hrs. Suffocation, instrumental min. MARGIN RESERVED 8. Trade, profession, or particular kind of work done, as spinner, delivery, cord around neck. OCCUPATION sawyer, bookeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: 11. Total time (years)
spent in this
occupation...... 10. Date deceased last worked at this occupation (month and 12. BIRTHPLACE (city or town (State or country) FATHER none Date of 13. NAME Name of operation..... plain 14. BIRTHPLACE (city or town) (State or country) 23. If death was due to exter leauses (violence) fill in also the following: very important. ü MOTHER no Date of injury 193 Accident, suicide, or homicide?..... DEATH none Where did injury occur? 16. BIRTHPLACE (city or town (Specify city or town county, and State) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) OF none information Manner of injury..... 18. BURIAL, GB none Nature of injury..... CAUSE 24. Was disease or injury in any way related to occupation of deceased? LION 19. UNDERTAKER (Address) ..... If so, specify

### UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	••••		

of more than h stated.	1. PLACEPRENE VED APR 11 1938  County of Twin Falls  City of Twin Falls	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 211134			
.B.—In case o	(If born in hospital or institution Prim. Registrati	on District No. 1085 Local Registrar's No. 452 75			
Zg	2. FULL NAME OF CHILD Stills 3. Sex Rale   If plures   4. Twin, triplet, or other   6. Pre- births   5. Number, in order of birth   Full	emature 1. Legiti- 7 8. Date of birth Mach 12, 1923			
PERMANENT RECORD ch, and the number of each,	9. Full FATHER name  10. Residence (usual place of abode)	18. Full MOTHER maiden name Many of shorter			
ERMAN and the	(If non-resident, give place and State)(years)	(If non-resident, give place and state) 9.30.3 (with 20. Color or race 1/1 21. Age at last birthday 2 (years) 22. Birthplace (city or place)			
-THIS IS A PE made for each,	13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	(State or country)  23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc			
WITH UNFADING INK a SEPARATE RETURN must	sawmill, bank, etc.  16. Date (month and year) last engaged in this work  27. Number of children of this mother  27. Number of children of this mother  27. Number of children of this mother  28. Sawmill, bank, etc.  17. Total time (years) spent in this work.	o engaged in this work 26. Total time (years) spent in this work			
I UNFA	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2—(b) Born alive but now dead (c). (c) Stillborn.  28. If stillborn, months or weeks 29. Cause of stillbirth				
	I hereby certify that I attended the birth of this child, who	Was BORN ALIVE OR STILLSOBN) III. on the date above stated.			
E PLAINLY child at birth,	( etc., should make this return.  Give name added from	igned) M. D.  Midwife			
WRITE one ch	(DATE OF) Add	ed April, 6, 193.3 Les C. Registral			



RECORD. Every item of PHYSICIANS should state tratement of OCCU.	County of City	CELIC WELFARE DO NOT WRITE IN THIS SPACE STATISTICS  F-DEATH  State File No
H H Z	(a) Residence. No. (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	St.  (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
A A A C I E I E I E I E I E I E I E I E I E I	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Diverged (write the word)	21. DATE OF DEATH (month day, and year) 193 3  22. I HEREBY CERTIFY, That I attended deceased from 193
BINDIN A PERI lated EXA perly cla	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw h alive on , 193, 193; death is said to have occurred on the date stated above, atm.
K-THIS IS should be st may be pro	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.	The principal cause of death and related cause of importance were as follows:  Date of onser
ADING IN.	kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	Other contributory causes of importance:
MARGIN UNFAD y supplied terms, se	12. BIRTHPLACE (city or town) (State or country)	N. A. W. T. T. T. T. T. T. T. T. T. T. T. T. T.
VITH refully plain a	13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
LY, V be ca 'H in mport	(State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to exter I causes (violence) all in also the following:  Accident, suicide, or homicide?
(TE PLAIN) ation should B OF DEAT	17. INFORMENT (Address)  18. BURIAL, CREMATION OR REMOVAL Place Day July 1, 193 3	place.  Manner of injury.  Nature of injury.
B.—WRITE I information CAUSE OF PATION is	19. UNDERTAKER of Charles (Address) Jun faces  3/2 3 Denne C Hall	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed), M. D.
ż	20. FILED Registrar.	(Address) & Lie fells that

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

THE THE STATE OF THE PROPERTY OF THE STATE OF TH BUREAU OF WEAL STATISTICS PITTH OF TRANSPORTER Regultration District No. Chippel to inlighted on semis Prim. Registrate District No. Leed: Registrate No. UNAL XEEKS OF CHILD... (If stillsoen, substitute the good Bilbarth for named Dies and in order Lilan.I nante? hieth Trode 18 (News) (Merchi) (To be somered ends in event of silved intel The properties was used to provent Ophthaliula & constorum? number of this mather, including urangat tirth. more thank won tudentite brest Hendener be true clace of shock Heridayes (Leps. disconfidentelle) Il pon quartede whee place and some it men resident, men place and State. שאויד טר דמנים ביני ווני דעניים But place (City and sink professor trong to this ber the testiming Cocupation Company of the contract from CHARGATE OR ATTENDING CHYSICIAN OR BEING print medithereby certify that I attended the thirth of this culd, who was Stillborn. don the dute shore stated. (Signature) C. Where there was no allegating charters Physician as mid-Callet or midwife, uga the funct boundabilien tere, should quite this return, A williams of calls is one that netther reaches not specific commence by the

The California and the contraction of the contracti Comity of the 10 VIII estino E attino Contra To see I be see the second of the see of the DO Lathart to federal Frim Registration District No. Loss Sections of The supposed appetition one word "Salabarate production of the salabarate of the sal Number and in order Lastin Co bress (Grant Cortes Co bress Cortes telanty temperature of temperature of the temperature of temperatu the the state of the uses to prevent Ophthains Security will use the second of the sec Annihir of child an inches inches her and think in the state of the st NAME SAIN TOWN THE STATE OF THE TISE CONTRACT HOLE WAS TO THE If non-nordent give place and State .......... Color or race the contact at less thrunday. us trisipinati CERTIFICATE OF AFTE MAG PHYSICIAN OR MIDNIFES remarks seen only their adopted this fright of the child, who was a sufficient or Charles above statesl. 一(9)1333.01全国 fairling there were trending playstiden Philipping of the Constitution nidwife, then the father, householder, ere, should thate this return, a stiffeeth child is one that matther breather mor shows other widewes of life after birth.

PLACE OF BIRTH PLACE OF BIRTH STATE OF IDAHO 1. DEPARTMENT OF PUBLIC WELFARE County of Washington BUREAU OF VITAL STATISTICS RECORD made for each, and the City of Master CERTIFICATE OF BIRTH Registration District No.\_\_\_\_State File No.\_\_\_\_ Prim. Registration District No.\_\_\_\_\_Local Registrar's No.\_\_\_\_ (If born in hospital or institution PERMANENT dive name.) 2. FULL NAME OF CHILD. 8. Date of 4. Twin, triplet, or other\_\_\_\_\_\_6. Premature\_\_\_\_\_7. Legiti-If plural 3. Sex births mate?么 Full term 424 5. Number, in order of birth\_\_\_ (MONTH, DAY, YEAR) MOTHER 18. Full **FATHER** 9. Full maiden ' a name arissa E name WAKULLY OF THE TITLE OF HITCH, a SEPARATE RETURN 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State (If non-resident, give place and State) -20. Color or race White 21. Age at last birthday 3 L (years) 11. Color or race Will 12. Age at last birthday 42. (years) 22. Birthplace (city or place) Michaen 13. Birthplace (city or plate) \_\_\_ (State or country)

23. Trade, profession, or particular kind (Sittle country) laborer 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc\_\_\_ sawver, bookkeeper, etc. \_\_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, A 0 lawyer's office, silk mill, etc .\_\_\_ sawmill, bank, etc. \_\_\_\_\_ 25. Date (month and year) last | 16. Date (month and year) last 26. Total time ((years) engaged in this work 17. Total time (years) engaged in this work spent in this work\_\_ spent in this work\_\_\_\_ Mar 12 19297 child (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 6. (c) Stillborn WITH Before labor\_\_\_\_ months 28. If stillborn. 29. Cause of stillbirth 124 During labor. period of gestation\_\_\_\_ more than PLAINLY CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was a life above stated. When there was no attending physician) of or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report\_\_\_\_\_\_ Address . Filed 5-20-33, 193 CAMBRIDGE BANG Registrar. Registrar.



STATE OF IDAHO must be mad DEPARTMENT OF PUBLIC WELFARE County BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH A PERMANENT SATE RETURN mus of birth stated. (If born in hospital of institution give Prim. Registration District No.2. Local Registrar's No... name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Legiti-Sex of Triplet in order 19.3 mate? yes birth. or other? of birth Child (Year) (To be answered only in event of plural births) Month) (Day) -THIS IS R SEPAR! What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth (a) Born alive and now living\_ **..**.5 Stillborn Born alive but now dead. e Frt MOTHER FATHER FULL MAIDEN of st UNFADING Residence an one child the number (Usual place of abode) (Usual place of abode If non-resident. If non-resident. give place and State give place and State Color or race Color or race. more than each and the Birthplace Birthplace. (City and State or County) (City and State or County) WITH Occupation Occupation. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE® PLAINLY case of a for e I hereby certify that I attended the birth of this child, who was \ Atillborn, on the date above stated. (Signature)..... WRITE B. — In \*Where there was no attending physician or mid-wife, then the father, householder, etc., should make this return. A stillborn child is one that (Physician or midwife neither breathes nor shows other evidence of life Address. after birth.

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STATE OF IDAHO ELLED THAY IDEPLOYMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of Bunevil CERTIFICATE OF DEATH State File No. Registration District No..... Primary Registration District No. 2/17 Local Registrar's No. (If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME...... Residence. No.....St. (If nonresident give city or town and state) (Usual place of abode) ds. How long in U.S., if of foreign birth? Length of residence in city or town where death occurred. vrs. yrs. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, 21. DATE OF DEATH (month day, and year) or Divorced (write the word) I HEREBY CERTIFY, That I attended deceased from....... ....., 193...., to......., 193....., 193..... 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of to have occurred on the date stated above, at......m. 15 1933 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance were as follows: 7. AGE Months If LESS than Date of onset 1 day.....hrs. min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc ..... instruction on ibutory causes of importance: 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation year) 12. BIRTHPLACE (city or town) (State or country) FATHER Name of operation..... ..... Date of ...... 13. NAME . 14. BIRTHPLACE (city or town). (State or country) 23. If death was due to exter'icauses (violence) fill in also the following: MOTHER Accident, suicide, or homicide?...... Date of injury......, 193. 15. MAIDEN NAME Where did injury occur?.....(Specify city or town county, and State) 16. BIRTHPLACE (city or town) (State or country Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) OF Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) ..... If so, spec (Signed) 20. FILED. Registrar

# UNITED STATES STANDARD-CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	. 11	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

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ED MAY 12 1933 STATE OF IDAHO occu-DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STADISTICS County of ERTIFICATE OF DEATH State File No..... City Registration District No...... Primary Registration District No. 1.6.0.5 Local Registrar's No. RECORD. occurred in a hospital or institution, give its name instead of street and number. 2. FULL NAME Residence. No.... or town and state) If nonresident give city (Usual place of abode) ds. How long in U.S., if of foreign birth? Length of residence in city or town where death occurred. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, or Divorced (write the word) 4. COLOR OR RACE 3.SEX 21. DATE OF DEATH (month day, and year) I HEREBY CERTIFY. That I attended deceased from...... ....., 193...., to......., 193....., 193..... 5a. If maried, widewed, or divorced HUSBAND of I last saw h alive on 193 teath is said (or) WIFE of The principal cause of death and related causes of importance 6. DATE OF BERTH (month, day, and year) were as follows: If LESS than Date of onset Months 7. AGE 1 day, ......hrs. or ... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... 11, Total time (years) 10, Date deceased last worked at spent in this this occupation (month and occupation..... vear) 12. BIRTHPLACE (city or town) (State or country 13. NAME What test confirmed diagnosis? ...... Was there an autopsy?..... 14. BIRTHPLACE (city or town (State or country 23. If death was due to exter@causes (violence) all in also the following: MOTHER 15. MAIDEN NAME Where did injury occur?.. 16. BIRTHPLACE (city or fown) (Specify city or town county, and State) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) OF Manner of injury..... 18. BURIAL, CREMATION, Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER ...... If so, specify (Address) (Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related Date of onset The PRINCIPAL CAUSE OF DEATH and related Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MALIC DEPARTAL VE OF PIBLIC WELFAILE HOLLIS SOUTHITAIN LATER TO THE STATE OF THE CHRISTICATE OF BRIDE Political to labout to most Print Registration Dentet No. ... Local Bosistrar's No. CHUP BY SERVICE OF CHUP. AND STATE OF STREET O Twin (Mundor Logal 1984)
Triplet and in order Logal Ship
or Agent to birth qualco (Manth) (Manth)
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(City and State of County)

(County)

(County) CERTIFICATE OF ATTIEVEDING PHYSICIAN OR MIDWIFE. Born-olico I hereby certify that I attended the birth of this child, who was Stiffborn out the date above stated. Where there was no attending physician: or neitherie tree the fielder, householder, eies about make this return. A seliborn shild is one that netther breathes nor Address how wher evidence of life after birth.

RECEIVED AUG STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of Cassin State File No..... Registration District No..... Primary Registration District No... Local Registrar's No ...... RECORD (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Longth of residence in city or town where death occurred, yrs, mos, ds. How long in U. S., if of foreign birth? yrs, mos, ds. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX Color or Race! 5. Single Married. 21. DATE OF DEATH ed ok Divorced (write the Y. That I attended deceased from 5a. If married. widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH day, and year) to have occurred on the date stated above. at 2 The principal cause of death and related causes of impor-7. AGE Davs If LESS than tance were as follows: Date of onset 1 day.... hrs. or .... min. kind of work done, as spinner, sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) .. occupation BIRTHPLACE (city (State or countr Name of operation...... Date of...... What test confirmed diagnosis?.... Was there an autopsy?... 23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury.., 193. OF Where did injury occur?..... (State or cour (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place. ...... 18. BURIA Manner of injury..... Nature of injury ... 24. Was disease or injury in any way related to occupation 19 UNDERTAKER of deceased?... (Address) (Signed) (Address) ...... Registrar

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as sninner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engi-Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		

PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH ARATE RETURN must No. Registration District No......State File No.... (If born in hospital or institution Prim. Registration District No. 3. 18 Local Registrar's No. 254 give name.) birth FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of shild) Twin Number Sex of Date of Legiti-Triplet and 🗟 in order Child birth ./ or other? mate?46 (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? MOTHER FULL MATDEN NAME ..... Residence (Usual place of abode) Residence (Usual place of abode)... If non-resident, give place and State It non-resident, give place and State... Color or race Age at last Birthday e (Years) (Years) Birthplace ...... Birthplace ...... (City and State or County) (City and State or County) Occupation de la company CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) \*Where there was no attending physician? or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth.

OHAGE OF LIDAHO SEPARTMENT OF PUBLIC WELL-ARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BUSCH Registration District No. Prim. Registration District No. ... Love in sisters vo se TAME OF CHILD iff stillborn substitute the word "Stillbirth" for came of shifts and the order -titueni tradio 10 10 796 (1993) Individual souls in second of book british What prophy lastle was used to prevent Ophthalmia Neonatoruni? FOLK. N.A.W. Color or race of the at last Birthday and last Birthday CHRESTIPICATE OF ATTEMPING PRINCIPAL OR MIDWIPE. I boserby carries that I attenued the bigth of this child, who was Stfliburn fat in the date above stated, "Witten there was no altending obseicen y or hidrette, then the futher, bouseholder, (Physician or midwich) erca should make this return. A stillborn Add ress child is one that neither breathes nor shows other evidence of the after birth. mint the contract of the contr

PHYSICIAN	Oity of	BUREAU OF WITAL S' CERTIFICATE OF Registration District No	DO NOT WRITE IN THIS SPACE  STATISTICS  State File No. 84217  No. 9/66, Local Registrar's No. / 5,	و
WARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.  should state CAUSE OF DEATH in plain terms, so that it may be properly classified.  Exact statement of OCCUPATION is very important. See instructions on back.	(If death occur  2. FULL NAME  (a) Residence. No	(No.  Tred in hospital or institution, give  leath occured. yrs. mos.  L PARTICULARS  5. Single, Married, Widowed, or Divorced (write the word.)  What is the state of the sta	St.  (If nonresident give city or town and State.)  MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH  17. I HEREBY CERTIFY, That I attacked deceased from  19	m (2)
¥ ×	15. Filed April 20, 1923.	Elma In = Kenney Registrar.	20. 0.1.00.	

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc. without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"); Diptheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia: Bronchopneumonia ("pneumonia," unqualified, is indefite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin): "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy." "Exhaustion." "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

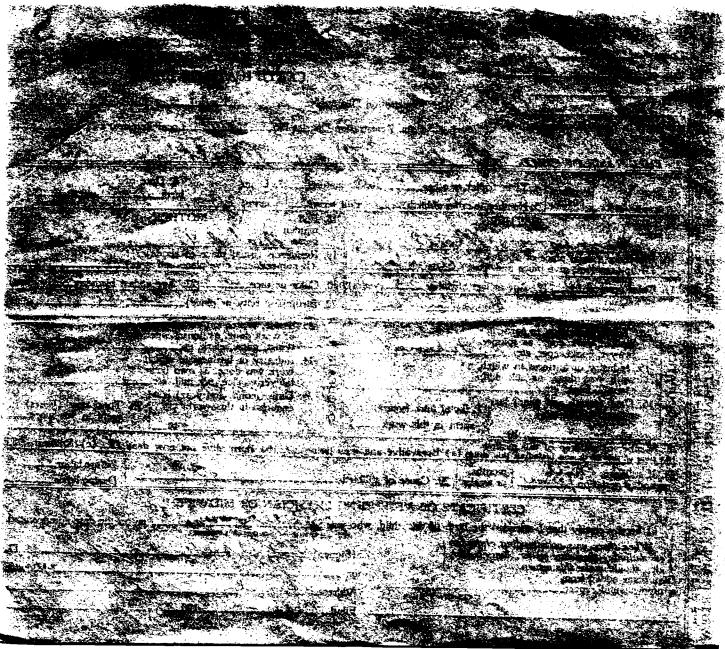
statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

- a i	IL PLACES CENVED MAY 5 1933	STARE OF IDAHO
#	Common of Latah	DEPARTMENT OF PUBLIC WELFARE
it or	City of Misses W	BUREAU OF VITAL STATISTICS 211653
of 1	No St.	CERTIFICATE OF BIRTH
S E	Registration Dis	
der of	give name.)	on District No. 1011 Local Registrar's No. 34
Z G	2. FULL NAME OF CHILD Stullton	- no name
CORD.	3. Sex   If plural 4. Twin, triplet, or other6. Pre-bisths 5. Number, in order of birth Full	/   Meth / / 1935
NT REC	9. Full FATHER anderson	18. Full MOTHER maiden Housevel Marry Oberg
PERMANEN h, and the nu	10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) well, (If non-resident, give place and state)
N Pu	11. Color or race W. 12. Age at last birthday 2. 9 (years)	20. Color or race21. Age at last birthday 26 (years)
	13. Birthpiace (city or place)	22. Birthplace (city or place)
for ea	2 14. Trade, profession, or particular kind of work done, as spinner, we have a light of the state of the sta	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
THIS	F 15. Industry or business in which work was done, as silk mill,	24. Industry or business in which work was done, as own home.
X X	1 =   sawmiii, Dank, etc	25 Date (month and year) last!
AG II	16. Date (month and year) last engaged in this work spent in this work	engaged in this work  26. Total time (years) 9/2 spent in this work
PADIN Return	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and nov	v living (b) Born alive but now dead (c) Stillborn_/
RATE R	28 If etillhorn (months	Before labor
HA	CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIFE
<b>β</b> α		Was Atilled Mu at 2 m. on the date above stated.
なる	( When there was no attending physician ) or midwife, then the father, householder. (Si	gned) Haulushon J. M. D.
PLAI	(etc., should make this return.  Give name added from	Midwife
TE P	1 "	ireas Marcha Lake
	Registrar.	Registrar.
}	negiones.	

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 1009 State File No. Registration District No .... (If born in hospital or institution 96 Local Registrar's No. Prim. Registration District No ... give name.) PULL NAME OF CHILD. 8. Date of ENT RECORD. number of each, If plural 4. Twin, triplet, or other\_\_\_\_\_\_\_\_\_ 6. Premature 7. Legiti-3\_Sex birth Max 2 births Full term mate?\_\_ Tem 5. Number, in order of birth\_\_\_\_\_ (MONTH, DAY, YEAR) MOTHER 18. Full **FATHER** 9. Full maiden name PERMANENT ch, and the numb name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and state) (Il hon-resident, give place and State) 20. Color or race 21. Age at last birthday (Years) 11. Color or race 4 12. Age at last birthday 23 (years) 22. Birthplace (city or place)\_\_\_ 13. Birthplace (city or place) Hashing (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper ថ្មន kind of work done, as spinner, PATION typist, nurse, clerk, etc\_\_\_\_ sawyer, bookkeeper, etc. \_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc .... sawmill, bank, etc. \_\_ S 25. Date (month and year) last 16. Date (month and year) last 17. Total time (years) must engaged in this work 26. Total time (years) engaged in this work spent in this work .... spent in this work ..... UNFADING (At time of this birth and including this child) (a) Born alive and now living Q. (b) Born alive but now dead Q. (c) Stillborn.!... 27. Number of children of this mother Before labor \_\_\_\_\_ 28. If stillborn. 7 months period of gestation 1 or weeks 29. Cause of stillbirth..... During labor\_\_\_\_ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE Q.m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ) or midwife, then the father, householder. etc., should make this return. Give name added from a supplemental report\_\_\_\_\_ (DATE OF) 1932 Registrar.



case of more than birth stated.	RECEIVED MAY 10 1933  1. PLACE OF BIRTH.  County of DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 211785  City of St.  CERTIFICATE OF BIRTH
er of	(If born in hospital or institution give name.)  Registration District No. State File No.  Prim. Registration District No.  State File No.  Prim. Registration District No.
of each, in	2. FULL NAME OF CHILD    If plural   4. Twin, triplet, or other   6. Premature   7. Legitibirth   5. Number, in order of birth   Full term   mate?
PERMANENT R h, and the number	10. Residence (usual place of abode) (Il/non-resident, give place and State)  11. Color or race   Manager
-THIS IS A Pi made for each,	13. Birthplace (city or place)  (State or country)  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  25. Industry or business in which work was done, as sown home,
ADING INK- Return must be	sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years)  18. Date (month and year) last engaged in this work  19. Dent in this work  27. Number of children of this mother  (At time of this birth and including this child) (a) Born alive and now living Q (b) Born alive but now dead Q. (c) Stillborn.
TTH UNF Separate R	28. If stillborn, period of gestation 2 less or weeks 29. Cause of stillbirth less less 29. During labor
a €	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  I hereby certify that I attended the birth of this child, who was (Bork ALIVE or STILLBORN)  (When there was no attending physician)
child at birth	or midwife, then the father, householder, (Signed) , M. D. (Signed) , M. D
one o	Registrar.  Registrar.  Registrar.

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<b>1</b>	RECEIVED MAY 1 to 1934 STATE OF I	DATO.
ery item hould sta of OCC	PLACE OF DEATH County of One ida City of Malad City of Mal	BLIC WELFARE DO NOT WRITE IN THIS SPACE STATISTICS OF DEATH  State File No. 84322
NENT RECORD. Ev. LY. PHYSICIANS 6 ied. Exact statement	11	St.  (If nonresident give city or town and state)
ANE CTLY sified	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NDING PERMANE d EXACTLY ly classified icate.	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)  Femlae White Baby	21. DATE OF DEATH (month day, and year)  193  22. I HERERY ERPTIFY that I attended deceased from 193  193  193
E L L L L L L L L L L L L L L L L L L L	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw halive on, 193; death is said
FOR BINI IS IS A P be stated by properly of certifica	6. DATE OF BIRTH (month, day, and April 1 1933  7. AGE Years Months Days If LESS than 1 day 0 hrs. or 0 min.	to have occurred on the date stated above, at
UNFADING INKTH y supplied. AGE should terms, so that it may be See instruction on back	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  13. NAME  14. Tosenh A Day is	Other contributory causes of importance:  Name of operation Date of
information should be carefull GAUSE OF DEATH in plain PATION is very important.	14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMENT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  April 1 33 Makad  19. UNDERTAKER  (Address)  Valad  Tdaho  19. UNDERTAKER  (Address)  Place  Registrar.	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to exter icauses (violence) all in also the following: Accident, suicide, or homicide? Date of injury., 193 Where did injury occur? (Specify city or town county, and State) Specify whether injury occurred in industry in home, or in public place.  Manner of injury. Nature of injury.  24. Was disease or injury in any way related to occupation of deceased?  If so, specify., M. D. (Address). M. D.

## UNITED STATES-STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner. weaver. etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
		***************************************	

STATE OF IDEAS PERMANENT RECORD TE RETURN must be made DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of CERTIFICATE OF BIRTH City of No. .... State File No..... Registration District No .... Prim. Registration District No. 2112. Local Registrar's No. 4.3 (If born in hospital or institution give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) SEPARATE RE. In order of birth Number Date of Twin Legitiin order birth ..... Triplet Sex of mate? or other? (Day) (Year) (Month) Child (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatorum? (a) Number of child of this mother, including present birth... 2 Stillborn ..... each, Born elive but now dead..... birth MOTHER FULL FATHER MAIDEN NAME .... UNFADING one child at number If non-resident, give place and State. It non-resident, give place and State Color or race, (Years) Color or race.. Birthplace ..... (City and State or County) Birthplace ..... than and State or County) WITH and Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE® more I hereby certify that I attended the birth of this child, who was \ Stillborn on the date above stated. \*Where there was no attending physician? (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn Address ..... child is one that neither breathes nor shows other evidence of life after birth. Filed///41/ 3 1935 Registrar.

Prin Replaced Dairigt No Long Bouther The support, supplied the week our application thousand the (The apparent and in every of copied birthe) and the way week to growent Cultinatude Noonatorup. the per of only the time noting including present the conservation the other and described and JUF4 - MATTENEN -Keidele User of see of abode . . . . .. mininthall Occupation CERTIFICATE OF ACTIVATING PHESICIAN OR ESTOWBERS salis mould I hereby country chast antennied the brist of this cuito, who was | Stulbown on the dare above stated. superscripers was no attending physicism thesion or university or murely then the father, householder,

est special stude that reduce A stribugu collif. In one that reduce breather nor above other or design action than he

RECEIVED MAY 11 1935 STATE OF ID	DAHO
	BLIC WELFARE DO NOT WRITE IN THIS SPACE
County of Washington BUREAU OF VITAE	STATISTICS 84357
CERTIFICATE O	F PEATH State File No
City of Registration District No	86
Primary Registration Distri	ict No2//2 Local Registrar's No.
(No	)
(If death occurred in a hospital or institution, 2. FULL NAME	give its name instead of street and number.)
(a) Residence. No.	St
(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	21. DATE OF DEATH (month day, and year) Upv 29- 1933
with or Divorced (write the word)	22. I HEREBY CERTIFY, That I attended deceased from
5a. If maried, widowed, or divorced	afrid 27-, 1933, to , 193, 193
HUSBAND of (or) WIFE of	I last saw halive on, 193: death is said
6. DATE OF BIRTH (month, day, and year) april 27-33	to have occurred on the date stated above, at
7. AGE Years Months Days If LESS than	The puncipal cause of death and related causes of importance were as follows:  Date of onset
1 day,hrs.	still Bon.
8. Trade, profession, or particular	Du not sure
	causi great
9. Industry or business in which	of G man + 13th
work was done, as silk mill, saw mill, bank, etc	Chu g
kind of work done, as spinner, sawyer, bookeeper, etc  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	Other contributory causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Leth Thurt	Name of operation Date of
13. NAME Leth Thurst 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
(billie of country)	23. If death was due to exter leauses (violence) fill in also the following:
15. MAIDEN NAME Mand Cools	Accident, suicide, or homicide? Date of injury, 193
15. MAIDEN NAME Mand Coals  16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town, county, and State)
(State or country)	Specify whether injury occurred in industry in home, or in public
17. INFORMENT	place.
(Address) W LLS OF OFFICE	Manner of injury
18. BURIAL, CARMATION, ORDERMOVAL Place Manus Cherry Date 4 27, 1933	Nature of injury
19. UNDERTAKER, K. C. Troothous	24. Was disease or injury in any way related to occupation of deceased?
(Address) Wein Ideki)	If so, specify
20. FILED MAN 10, 1930 Il Go Samulton	(Signed) f a o o o o o o o o o o o o o o o o o o
Registrar.	(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

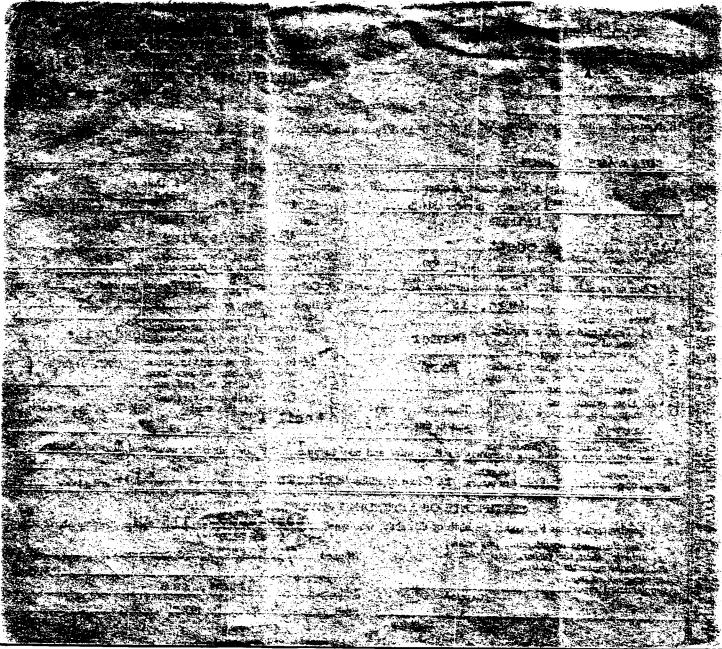
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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!	EXAMPLE II		
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year	
FOR FURTH	ER STATEMENTS BY PHYSICIAN		
	1915 1921 July 5, 1927 May 1, 1923	Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 5, 1927  Peritonitis  Other CONTRIBUTORY CAUSES of importance:	

255-277-003-86 PLACE BECEIVED JUN 6 1933 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Barriage. BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH No.\_\_\_\_ St. State File No.... Registration District No..... Prim. Registration District No. 2/6/ Local Registrar's No. 40 (If born in hospital or institution give name.) FULL NAME OF CHILD ... A PERMANENT RECORD. each, and the number of each, If plural 4. Twin, triplet, or other\_\_\_\_\_6. Premature\_\_\_\_7. Legiti-8. Date of 3. Sex birth4 27 37 births 5. Number, in order of birth\_\_\_\_ Full term V.O. mate? Y.C. (MONTH, DAY, YEAR) 18. Full MOTHER 9. Full FATHER maidwinnie Hopkins name Verio Thomas Bennett 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Lago (If non-resident, give place and state)\_\_\_ 20. Color or race Wh 21. Age at last birthday 21 (years) 13. Birthplace (city or place) Lago. (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeepen ousewife মু Farmer kind of work done, as spinner, OCCUPATION typist, nurse, clerk, etc\_\_\_\_\_ sawyer, bookkeeper, etc. \_\_\_\_\_ WITH LINFADING INK-THIS a SEPARATE RETURN must be made own home 24. Industry or business in which Farm 15. Industry or business in which work was done, as own home, work was done, as silk mill. lawyer's office, silk mill, etc.\_\_\_\_ sawmill, bank, etc. \_\_ 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last April 1933 work 26. Total time (years) spent in this work 3 ... spent in this work Life 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living \_\_\_\_ (b) Born alive but now dead\_\_\_ (c) Stillborn\_\_\_\_ Before labor\_\_X98\_\_ months 28. If stillborn. period of gestation 9 mo or weeks 29. Cause of stillbirthunknown. During labor\_\_\_\_\_ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE Allon the date above stated. I hereby certify that I attended the birth of this child, who was ... (BLE TENDORY) WRITE PLAINLY one child at birth. When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. \_\_\_\_\_, Midwife Give name added from Grace, Ida a supplemental report\_\_\_\_\_ Address --(DATE OF) Filed Jame 2 , 1933 Mrs. 9.9. Registrar.



ģ	A.	RECEIVED	III Ć STATE OF ID	OAHO ,	
item	ild et	PLACE OF DEATH County of Bannock	DEPARTM <b>1983</b> OF PUE BUREAU OF VITAL	STATISTICS X4734	
Every	S'shou it of OC	City of <b>Lago</b>	Registration District No Primary Registration Distri	84	State File-No.
Į	. PHYSICIANS'should state Exact statement of OCCUPA.	(If death of 2. FULL NAME	(Nocurred in a hospital or institution,	give its name instead o	_
NENT	CTLY ffied.	PERSONAL AND STATIS		MEDIC	AL CERTIFICATE OF DEATH
	€ 16	3.SEX 4. COLOR OR RAC	E 5. Single, Married, Widowed, or Divorce 1 12 word)	21. DATE OF DEATH	(month_day,and_year) 4-27-33 193 ERFIFY, That I attended pleased from 193 193 193
BINDING A PERM		5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of		I last saw halive	on , 193 , to , 193 ; death is said the date stated above, at 115 AV
FOR HIS IS	RESERVED FOR G INK—THIS E AGE should be that it may be pro on back of certific	6. DATE OF BIRTH (month, day, at 7. AGE Years Months	Days If LESS than 1 day, hrs. or min.	The principal cause were as follows:	of death and related causes of importance  Death 24 hr.  Date of onse
RESER		8. Trade, profession, or particukind of work done, as spinr sawyer, bookeeper, etc	h ,	neck twice	- cause  - possible cause  Livery  causes of importance:
MARGIN	y supplied. terms, so tl instruction	12. BIRTHPLACE (city or town) (State or country)			
M WITH U	carefully in plain te it. See in	13. NAMWerlo Thomas Bennett  14. BIRTHPLACE (city or town) Lago, Ida  (State or country)		Name of operation	
	in in	15. MAIDEN NAME Vinnie 16. BIRTHPLACE (city or town) (State or country)	· · · · · · · · · · · · · · · · · · ·	Accident, suicide, or homicide?	
Α 14		17. INFORMENT Verlo Bennett Lago, Ida		Specify whether injury occurred in industry in home, or in publiplace.	
WRITE	E E	18. BURIAL, CREMATION, OR REMOVAL Lago Place Date 4-27-33 193		Manner of injury  Nature of injury	
. B.—WE	informat CAUSE TION is	20. FILED AND 30, 193 3	20000	24. Was disease or injunction of the control of the	Brace, Ida , M.D.
Z		L-()			

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EXAMPLE I	1	EXAMPLE II			
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year		
		ER STATÉMENTS BY PHYSICIAN			

PLACE OF BIRTH STATE OF IDAMO County of Januack JUN 1 2 1933 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH 212062 Case o State File No. Registration District No\_\_\_\_\_ (If born in hospital or institution Prim. Registration District No. 2/ Local Registrar's No. 1 give name.) 2. FULL NAME OF CHILD ..... RECORD. 4. Twin, triplet, or other\_\_\_\_\_\_ 6. Premature\_\_\_\_ 7. Legiti-8. Date of 3. Sex If plural birth May births Full term\_\_\_\_ 5. Number, in order of birth\_\_\_\_ ( MONTH, DAY, YEA mate?\_ MOTHE 18. Full 9. Full **FATHER** maiden name PERMANENT h, and the numb name 19. Residence (usual place of abode)
(If non-resident, give place and State) 10. Residence (usual place of abode) (If non-resident, give place and State) 11. Color or race 12. Age at last birthday 36 (years) 13. Birthplace (city or place) (State or country) ₹ å 23. Trade, profession, or particular kind 14. Trade, profession, or particular ខ្ម of work done, as housekeeper, kind of work done, as spinner, OCCUPATION OCCUPATION typist, nurse, clerk, etc. sawyer, bookkeeper, etc. \_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill. lawyer's office, silk mill, etc .\_\_ must be sawmill, bank, etc. \_\_\_\_ 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) WITH UNFADING a SEPARATE RETURN II spent in this work .... spent in this work\_\_\_\_ (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn 27. Number of children of this mother Before labor\_\_\_\_\_ 28. If stillborn, | months | period of gestation\_\_\_\_\_ or weeks 28. If stillborn. 29. Cause of stillbirth\_\_\_\_\_ During labor CERTIFICATE OF ATTENDING PHYSICIAN O 120 m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. \_\_\_\_. Midwife Give name added from a supplemental report Address (DATE OF) Filed. Registrar. Registrar.

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	BREC	ΙE	IVE	2 out like	ATH 1933	DEPARTI	MENT OF	PUL	SLIC WELFARE	DO NOT WRITE	IN THIS SPACE
	× ×		of	Banno	ck	BURI	EAU OF V	ITAL	STATISTICS		84448
1	32	Coi	<b>MOY</b> 01			CER'	TIFICA'	re o	F DEATH	State File No	
	t a the	Cit	v of	Pocat	ello	<b>—</b>			n=		
ı	A OD A			~==						Tarak Daribatan	72
	ZE		7			Primary R			ict No	Local Registra	rs No
(	a Para	∥ .				(No	247	Sout	h Hayes A	ve.	
					(If death occ	urred in a ho	spital or ins	titution,	give its name instead	of street and number.)	500
	RECORD. PHYSICIA Exact state	2.	FULL	NAME	In		renz			****	
	KX X		(a) R	esidence.	No	247 - 3	outh	Haye	s Ave. st.		
		١.	` ´ (T)	levol place	of abode) ty or town who		ırred. yrs	. mos.	ds. How long in l	(If nonresident give cit U. S., if of foreign birth?	y or town and state) yrs. mos. ds.
	ב ב ב	-E	ngth of nes	dence in ci	ty of town win	======	11100. ,10				
	ANKNI CTLY. ] sified. ]		PE	RSONAL A	ND STATIST				<del> </del>	CAL CERTIFICATE OF	
r#	CTL	3.5	EX	4. COI	LOR OR RACE	5. Single,	Married, Wild (write the	dowed,	21. DATE OF DEAT	H (month day, and year	May <b>5</b> 1933
ž	≥ 4 5		Male	W	<i>T</i> hite	or Divois	ingle	, word,			ded deceased from
10	f gXX	59		widowed.	or divorced					, 193, to	193
Z	7 2 5 E	"	HUSBAN (or) WI	D of	or divorced				I last saw haliv	re on	, 193: death is said
8	IS A PKI stated EX roperly of certificate.		<del></del>						to have occurred or	the date stated above,	at // 3.5 %
<b>E</b>		6.	DATE OF	BIRTH (mo	onth, day, and	d year) LIAJ	7,19		The principal cause	e of death and related	causes of importance
<u>ي</u>	က မျိုးမြို့		AGE	Years	Months	Days	If LE	SS than	were as follows:		Date of onse
-	# # # # # # # # # # # # # # # # # # #	I		0	0	0	1 day,		111	11 Lun	•
K	ac la		8. Trade	profession	, or particula	ar _	_		h a a a	1 . 1 . 1	L
	7496	Z	kind	of work do	n, or particula one, as spinne per, etc	r, I	Vone		A POUR		
X		Ě		•					no on	- Juliana	
<b>S</b>		JP.	worl	t was done, mill, bank	ness in which as silk mill, etc	Ir	ıfant		as ac		
· <b>2</b>	Z \ d ij	OCCUPATION	fi .				me (years)		Other contributor	y causes of importance	•
Z	FADING pplied. 4 as. so th instructi	ŏ	this o	ccupation	st worked at (month and	spent i	n this tion				
CIS	INFADI supplied brms, so ee instru		<del></del>			Doggi	tello.				
ď	UNF eupy form	. 12	, BIRTHPI (State	or country	or town)		Idaho.	······	 		
¥			l	3	F. C. G				Name of operation		Date of
, <b>F</b> 4	ĦĦ.sľ	H	13. NAME	<u> </u>	· 0 · 0	1 01123					Was there an autopsy?
	it plet it	FATHER			city or town)	T	Russia		H		
	7	11	(8	tate or cou					li '		all in also the following:
	F. 6	MOTHER	15. MAID	EN NAME	<u> 3te</u>	lla Ja	ackson		1		Date of injury 193
	T d H ii	E	16. BIRT	HPLACE (c	ity or town).	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Where did injury	occur?(Specify city or town	county, and State)
_		Ĭ	(\$	tate or cour	eity or town). ntry)	Washin,	gton.		11		ry in home, or in public
	LAINI should DEAT	17	INFORMI	ENT	Mrs. F	`. C. G:	renz				· -
		11	(Addr	ess)	Pot	atello	, Idah	3.	•		
	H Di Oi O N Oi O N Oi Si Si Si Si Si Si Si Si Si Si Si Si Si	18	. BURIAL.	CREMATIC	on, or bemi	QYAL -	ίαπ Ω	ベ	11		
			Place	ocato	on or seme			193	1		
	YR III	19	. UNDERT	AKER	Arth		<u> Hall</u>		1)	$\sim$	o occupation of deceased?
•	WR] inform CAUS] PATI(		(Addr	ess)	Poe	<u>satello</u>	, Idan	<u> </u>	If so, specif		All
			1217 1215	av 3	, 193 <u>.</u> 3	<b>√</b>	(1/1)	ALI	(Signed)	Pocatello	Vdaho.
	2	20	. FILED.##	10.7	J, 180		Regi	frar	(Address)	1000000110	, <del>, , , , , , , , , , , , , , , , , , </del>
	Z				,			Y			

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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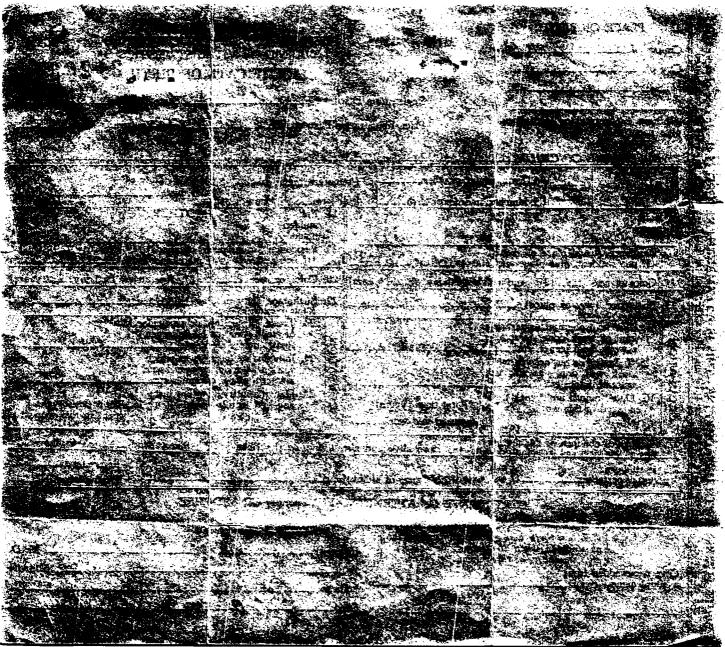
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TYAMDIE II

- · ·		EXAMILE II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	\$ days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1928	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE 1	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

1. PLACE OF BIRTH STATE OF IDAHO JUN 1 2 1933 DEPARTMENT OF PUBLIC WELFARE County of Bannock BUREAU OF VITAL STATISTICS City of Rocatello CERTIFICATE OF BIRTH 212064 case o 28 Registration District No. \_State File No.\_\_\_\_ 6 Prim. Registration District No. 2/6/ Local Registrar's No. 183 (If born in hospital or institution give name.) still born 2. FULL NAME OF CHILD.... A PERMANENT RECORD. each, and the number of each, 4. Twin, triplet, or other\_\_\_\_\_6. Premature 16. 7. Legiti-8. Date of 3. Sex If plucas births ma Full term\_\_\_\_ 5. Number, in order of birth\_\_\_\_ mate?\_\_244 18. Full MOTHER 9. Full **FATHER** maiden name ) name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) 240 Do. 2 mg. (If non-resident, give place and State) 240 S. 2 mg. 20. Color or race\_\_\_\_\_\_21. Age at last birthday\_4.3(years) 11. Color or race\_122\_ 12. Age at last birthday\_\$\frac{1}{2}\_\_ (years) 22. Birthplace (city or place) Bismark. N. laketa 13. Birthplace (city or place) South Point, O. his. (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind g S of work done, as housekeeper, kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_laborer CCUPATION typist, nurse, clerk, etc\_\_\_\_\_ -THIS made 24. Industry or business in which 15. Industry or business in which work was done, as silk mill, work was done, as own home, 8. lawyer's office, silk mill, etc .\_\_\_\_ sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) WITH UNFADING INK a Separate Return must l 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work\_\_\_\_ spent in this work... 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living #\_(b) Born alive but now dead\_\_Q\_(c) Stillborn\_L Before labor\_\_\_\_\_ months 28. If stillborn. 29. Cause of stillbirth\_\_\_\_\_ During labor\_\_\_\_ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was stullborn at Listen. on the date above stated. When there was no attending physician ) or midwife, then the father, householder, (Signed) \_\_\_\_\_ etc., should make this return. . Midwife Give name added from a supplemental report\_\_\_\_\_ (DATE OF) Registrar.



* REC	EIVED JUN 5 1933 STATE OF ID PLACE OF DEATH , DEPARTMENT OF PUB	LIC WELFARE DO NOT WRITE IN THIS SPACE
ery ite should f OCCU	County of CERTIFICATE O	
Ever NS sh	City of Facella Registration District No  Primary Registration District	<i>1</i>
ORD. SICIA	(No	
	(a) Residence. No. 240 2 2 2 Length of residence in city or town where death occurred. yrs. mos.	St.  (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
ANENT CTLY. fied. Ex	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 4 2	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) // 193.3  22. I HEREBY CERTIFY, That I attended deceased from
7 6.	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last say h alive on , 193 ; death is said
HIS IS A I HIS IS A I ald be stated be properly certificate.	6. DATE OF BIRTH (month, day, and year) 1/-/1/33  7. AGE Years Months Days If LESS than 1 day,hrs. or min.	to have occurred on the date stated above, at
KVE K—T Sebor may	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	Plel Born
	work was done, as silk mill, saw mill, bank, etc	Other contributory causes of importance:
MARGIN I UNFADIN y supplied. terms, so th	year) occupation  12. BIRTHPLACE (city or town) Paculatte (State or country)	
	13. NAME Harry H. Waltywa	Name of operation
WITH arefull plain	13. NAME Wary N. Waltgrown  14. BIRTHPLACE (vity or town) would be seen to the	What test confirmed diagnosis? Was there an autopsy?
car in p		23. If death was due to exter causes (violence) fill in also the following:  Accident, suicide, or homicide?
첫 등 표 함	15. MAIDEN NAME Hourd Sanders  16. BIRTHPLACE (city or town) Bismarch (State or country)	Where did injury occur?
E PLAINL ion should OF DEAT	17. INFORMENT Fully 240 of. 2 mg	place.  Manner of injury
TER ation E O	18. BURIAL, CREMATION, OR REMOVAL Place	Nature of injury
WRITE information CAUSE O	19. UNDERTAKER Bywy Blywnasol (Address) Pacatile Folgie	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
Z. B. S. B.	20. FILED 1938 Registrar.	(Signed) f.Q. M.D. (Address) M.D.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	1

19-127-807 PLACE OF BIRTH TE OF IDAHO at birth JUN 12 1938 DEPARTMENT OF PUBLIC WELFARE County of 212067 BUREAU OF VITAL STATISTICS more than one child CERTIFICATE OF BIRTH Registration District No..... .....State File No..... (If born in hospital or institubirth stated. Prim. Registration District No. Local Registrar's No. tion give name.) ~ ... 2. FULL NAME OF CHILD SYILL DOWN. ĕ \$ TO 1 8. Date of 3. Sex. hirth births order .5.Number, in order of birth..... Full term \_\_\_\_ mate? 4.8.3 (Month, Day, Year) 9. Fúll **FATHER** MOTHER 18. Full Ē maiden name RD. N. name RECORD. 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) oţ 11. Color or race 12. Age at last birthday 4.9 (years) 20. Color or race 21. Age at last birthday 34 PERMANENT 22. Birthplace (city or place) \_\_\_\_\_\_ 13. Birthplace (city or place). (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, typist, sawyer, bookkeeper, etc. ..... nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, saw-8 work was done, as own home. lawyer's office, silk mill, etc. tome mill, bank, etc. INK-THIS for 16. Date (month and year) last engaged in this work 17. Total time (years) 25. Date (month and year) made last engaged in this work 26. Total time (years) spent in this work. \ spent in this work..... URN must be 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead.......(c) Stillborn.... What prophylactic was used to prevent Ophthalmia Neonatorum? PLAINLY WITH UNI SEPARATE RETURN Before labor..... 28. If stillborn. months period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who (Signed) O. E.m. on the date above stated. (Born All Cor Stillborn) Address WRITE When there was no attending physician or midwife, then the father, householder, etc., should make this return.

DEFARTMENT ON PUBLIC WEEFARE BUREAU OF VITCE SEATISTICS. CERTIFICATE OF BIRTY -Prim, Regist ation District Nov. .... Mile Liberal Regi If plane! I Twis triplet, or other ..... remature .... 7. Lecitibirth ...... Namber, in order of birth. (Wonid, Das, Year) MOTHER IR. Full malden nenw 19. Residence (usual place of abode) 10. Mesidence (usual place of abouted (If non-necident, give place and State), he (If non yesiden vivo piece and State). 1329. Color or race .. to .. a. . . . Age ab fast bird ador. L. Color or rayes willing If Assat last birthday Sch. 22. Hirthplace (city or place). Bull (onder a Alfa) opeledatil 23. Trade, professionaer particular kind Trade, profession, or narblealer of work done, as housekeeper, typist, kind of work done, as spinner, nurse, derk, etc..... sawyer, bookkeeper, etc Inquestry or business in which Industry or be mes in which work was done, as even home, work was dor e, as silk ... all, sawlawyer's office, silk mill, etc.... mill bank, etc. 25. Date (month and year) Face (month and year) 17. Total time (years) last engaged in this work 26. Total thos (years). spent in this work ...... spent in this work 27. Number of children of this nother (a) time of this fact including this could (a) Born alive and next living all (b) Born alive but now dead... What prophylactic was used to prevent Orbitchia Nonatorum? CHATTERICATE OF AFTENDING PRESICIAN hereby cartify that I attemted the birth of this child, who Bigned) m, on the cate above stated. Address Burn Mile in will would be 10 When there may no attending physician or midialfe, then the Manda A.F. the futher, how shotler, she should make this ceture,

Bunnock Bu	STATE OF IDAHO  STMENT OF PUBLIC WELFARE; DO NOT WRITE IN THIS SPACE  RETIFICATE OF DEATH  State File No
Primary  (No. St  (If death occurred in a  2. FULL NAME Paul Mels  (a) Residence, No. 726 H 12	y Registration District No. 2 6 Local Registrar's No. 5 t. Antony's Hospital a hospital or institution, give its name instead of street and number.  son Barrett th St.
(Usual place of abode) Length of residence in city or town where death of PERSONAL AND STATISTICAL PARTIES.	
PERSONAL AND STATISTICAL PAI  S.SEX 4. COLOR OR RACE or Divo  Male White or Divo  Sa. If maried, widowed, or divorced HUSBAND of	gle, Married, Widowed, vorced (write the word)  21. DATE OF DEATH (month day, and year) May 2] 193 3  22. I HEREBY CERTIFY, That I attended deceased from moy 3 7 193 3, to 193, 193
(or) Wife of Infant  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Da	I last saw halive on
P P P P P P P P P P P P P P P P P P P	Infant  Infant  Other contributory causes of importance:  In time (years)  In time this  Upation
Z = (State or country)	tello Tdaho
13. NAME A. M. Barrett  14. BIRTHPLACE (city or town)	The state of the s
16. BIRTHPLACE (city or town) Liz Lace (State or country)  A.li. Barret  17. INFORMENT Pocatello	Tdano  Specify whether injury occurred in industry in home, or in public  Tdano  Specify whether injury occurred in industry in home, or in public
18. BURIAL, GREMATION, GR. REMOVAL Place POCATELLO  19. UNDERTAKER Hall Lior tuan (Address) Pocatello	Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?
20. FILED	(Address)

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	<u> </u>		1
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			***************************************
			***************************************

396-105:007-8 JUN 1 2 1933 STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of Sanneck 212081 BUREAU OF VITAL STATISTICS RECORD. N. B .- In case of more than one child er of each, in order of birth stated. CERTIFICATE OF BIRTH State File No..... Registration District No...... Prim. Registration District No. 2161 Local Registrar's No. 177 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD ...... If plural 4.Twin triplet, or other............. 6. Premature...... 7. Legiti-8. Pate of 3. Sex. births mate? 44.5 (Month, Dan Year) 5.Number, in order of birth..... Full term.... MOTHER 18. Full **FATHER** 9. Full maiden name name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State Jaw. R. Haucho V. (If non-resident, give place and State) 11. Color or race 12. Age at last birthday 28 (years) 20. Color or race 21. Age at last birthday 28 (years) number 22. Birthplace (city or place) Jake 13. Birthplace (city or place) Sharen. I (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, typist, kind of work done, as spinner, nurse, clerk, etc..... sawyer, bookkeeper, etc. ..... 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, saw-mill, bank, etc. 25. Date (month and year) PLAINLY WITH UNPADING INK-THIS SEPARATE RETURN must be made for 16. Date (month and year) last engaged in this work 17. Total time (years) last engaged in this work 26. Total time (years) spent in this work..... spent in this work.....1.... 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 2.(b) Born alive but now dead. (c) Stillborn. 1... What prophylactic was used to prevent Ophthalmia Neonatorum? Before labor..... months 28. If stillborn, 29. Cause of stillbirth..... ( During labor..... er weeks period of gestation.....7 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE ify that I attended the birth of this child, who (Signed) ...... ... Midwife b.o.i.n.at . . . . on the date above stated. Born Alive or Stirmorn) Address When there was no attending physician or midwife, then | Filed. the father, householder, etc., should make this return.

birth,

PERMANENT

BINDING

MARGIN RESERVED

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ADDITIONAL SPACE 1	FOR FURTH	ER STATEMENTS BY PHYSICIAN		
	·····			

433-103.005 . 3JUN PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. State File No..... (If born in hospital or institu-Prim. Registration District No. 201 Local Registrar's No... tion give name.) 2. FULL NAME OF CHILD If plural 4. Twin triplet, or other..... 8. Date of 6. Premature..... 7. Legitibirth. births mate? UKS (Month, Day, Year) 5.Number, in order of birth Full term. 9. Full FATHER 18. Full MOTHER maiden name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and maries M (If non-resident, give place and State)..... 20. Color or race White 21. Age at last birthda ... (years) 11. Color or race ML 12. Age at last birthday 27 (years) 22. Birthplace (city or place) Genero 13. Birthplace (city or place) Alle (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper to sisters kind of work done, as spinney OCCUPATION nurse, clerk, etc..... sawyer, bookkeeper, etc. 24. Industry or business in which 15. Industry or business in which work was done, as silk mill, saw-/ work was done, as own home, lawyer's office, silk mill, etc..... mill, bank, etc. 25. Date (month and year) 16. Date (month and year) | last engaged in this work 17. Total time (years) last engaged in this work 26. Total time (years) spent in this work..... spent in this work..... 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...Q...(b) Born alive but now dead...Q...(c) Stillborn..... What prophylactic was used to prevent Ophthalmia Neonatorum? Before labor..... 28. If stillborn, months During labor weeks 29. Cause of stillbirthanker leads period of gestation...... CERTIFICATE OF ATTENDING PHYSICIAN OR MID I hereby cortify that I attended the birth of this child, who (Signed) ...... Midwife (Born Anve or Stillborn) Address When there was no attending physician or midwife, then Filed..... Registrar. the father, householder, etc., should make this return.

RECORD.

PERMANENT

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WITH

WRITE

RETURN

SEPARATE

STATE OF IN DEPARTMENT OF PUBLIC WELFARE Registration District No. M. (If born in the which or institu-Bring Registration District No. 75... tion zive name.) FULL NAME OF CHILD. If plural ! Twin trigiet, or other ..... 8. Date of 6. Prematurg .... 7. Legiti-(Month. Bav. Year) Pull terror coe 5. Number, in order of hirth: **NOTHER** 9. Full **MARKET** Mesidence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and bate (if non-resident, give place and that it 120. Color or race and 121, Age at last birthia of (veers) 11. Calor or races Addalla Arost last birthday & Ser ne Efficience (city or riace)." 13. Birthnlace (city or place) & late or commerce march race, professions of basical are and windle, profession, or intucting of work done, as housekeeper, if his kind of work done, as spinner hurse, clerk, etc...... sawver, bookkeepen etc. ...... [24] Indestry or business in which industry or business in which hyork was done, as own home, work was done, as alle mill, sawlawyer's office, silk mill, etc. [25. Date (morth and year) Diese emonth and vest loss engaged in this work if. Total time (years) last a gaged in this work (26. Total time (years) spent in this work ... spent in this work... 27. Number of children of this mother extrine of this finition betoding this child (a) Born alive and saw living. Q. (b) Born alive but now dead. Q. (c) Stillborn. What prophylactic was used an prevent Ophthalmin Manustermon's Before labor .... additions / 28. If stillborn. or resident Cause of stillbirth of second period of gestation. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWING I hereby cortify that I attended the birth of this child, who: (Signed) .. .... Mislwife · 是是是是是人工。 at / 是 m. on the date above stared. man Ally or Stillboan. Address . .a.c. When there was no attending physician or midwife. this 6564 100 1 18 m the father, marscholden, etc., should make this return

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100 J	JUN 1 2 1933 STATE OF IDAR	OH
22	DEPARTMENT OF PUBLIC	
NO.	PLACE OF DEATH BUREAU OF VITAL ST	20 1101 WALLS IN MILD STROP
₩ <b>2</b>	FLACE OF DEATH	
PHYSICIAN of OCCUPA	County of Centural CERTIFICATE OF 1	
HE S		20491 Local Registrar's No. 20
r',	City of Primary Registration District	No.
	(No. 226 N. 4	
ORD ACTL statem	(If death occurred in a hospital or institution, give its	name instead of street soil number.)
	2 PULL NAME Stillkas Con He	very Molan
r REG	2. FULL NAME	
_ 28	(a) Residence. No	
ENT RECORD stated EXACTLY, d. Exact statemer	Length of residence in city or town where death occurred. yrs. mos. ds.	How long in U. S., if of foreign birth? yrs. mos. ds.
DING A PERMANENT RECORD should be stated EXACT! erly classified. Exact state	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M.A.	8. Single Married, Widowed,	16. DATE OF DEATH
ING PERI should	or Dropped (with the word)	5 3 33
N G P N	770000	(Month) (Day) (Year)
DI A B	5a. If married, widowed, or discreed HUSBAND of	17. I HEREBY CERTIFY, That I attended deceased from
BINDING IS A PE AGE shou	(or) WIFE of State Connection	5-3 1932,5-3 1933
	6. DATE OF BIRTH (month, day and year) 5-3-33	should livered him on
FOR THIS ed. y be	7. AGE Years Months Days If LESS than 1 day,	a still hirth 10.
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ERVED 1 G INK—7 ly supplie lat it may	min,	The CAUSE OF DEATH* was as follows
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cer to CE	(a) Trade, profession, or particular kind of work	
RESERVE DING INK efully sup so that it	1 - 1 - 2 - 0	proportion
	(b) General nature of industry business, or establishment in the	All more - matalnos Care
Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca C	which employed (or employer)	CONTRIBUTORY
RGIN UNFA be cal terms,	(c) Name of employer	(Secondary) Treeps (all ours) by
≰∺at°	Maria Dala	(guration) yrs. mos. ds.
MA NLX, WITH ttion should I'H in plain instruction	9. BIRTHPLACE (city or town) (State or country)	18. Where was discontinued herson and
W Bh pl	1 0	if not at place of death?
Y, in	10. NAME OF FATHER 7	Did an operation precede death? Date of
R AE	10 pt-1	Was there in successive the successi
PLAINLY nformation DEATH i	11. BIRTHPLACE OF FATHER (city or the )	What test confirmed diagnosis?
	(State or Country)	(Signed) N. D.
<b>—</b> .	11. BIRTHPLACE OF FATHER (city or Man) (State or Country)  12. MAIDEN NAME DE MOPHER  13. MAIDEN NAME DE MOPHER  14. MAIDEN NAME DE MOPHER  15. MAIDEN NAME DE MOPHER  16. MAIDEN NAME DE MOPHER  17. MAIDEN NAME DE MOPHER  18. MAIDEN NAME DE MOPHER  18. MAIDEN NAME DE MOPHER  19. MAIDEN NAME	5-3, 133 (Address Maries Ma
WRITE m of i JSE OF portant	12. MAIDEN NAME OF MOTHER M. Del	
VR.	0 10 51	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
WRITE item of i AUSE OF important.	13. BIRTHPLACE OF MOTHER (cited town) (State or Gountry)	whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
ູ ປັ		19. Place of Burial, Cremation, or Removal   Date of Burial
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A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Collaboration," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

midwife.

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item of ld state OCCU-		ECEIVED JUN 1 2 1932 STATE OF ID PLACE OF DEATH DEPARTMENT OF PUB County of Omnaham BUREAU OF VITAL S	LIC WELFARE DO NOT WRITE IN THIS SPACE
bou of		CERTIFICATE O	, /
S S S	-	City of Registration District No	
Z		Primary Registration Distri	ct No
NT RECORD PHYSICIA  Exact state		(No	give its name instead of street and number.)  A.St.  (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RMANES XACTLY classified.		3.SEX 4. COLOR OR RACE or Directed (write the word)	21. DATE OF DEATH (month day, and year)  193  22. I HEREBY CER'IIFY, That I attended deceased from
A E E	cat	5a. If maried, widowed, or divorced HUSBAND of	I last saw h
BI SA SA tate	certificate	(or) WIFE of	to have occurred on the date stated above, at S
OK S IS Se s	[ §	6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  H/LESS than	The principal cause of death and related causes of importance were as follows:  Date of onner
i He a	6	1 day,hrs. ormin.	Protected of the
KK-T NK-T K shou	on bac	8. Trade, profession, or particular	
N KES VING I od. AG	instruction	work was done, as silk mill, saw mill, bank etc	Other contributory causes of importance:
NFAI NFAI uppli		12. BIRTHPLACE (city or town)	Contracted Police
	See	13. NAME John De Diulio	Name of operation
ITE eful lain	aut.	13. NAME AND DE JULIO  14. BIRTHFIACE (city or town)  (Stold or country)	What test confirmed diagnosis? Was there an autopsy?
Car.	T ta	(Star of County)	23. If death was due to exter causes (violence) all in also the following:
F ge	du	15. MAIDEN NAME (CCL) Artfoli 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 193  Where did injury occur?
	y ii	16. BIRTHPLACE (city or town)	(Specify city or town county, and State)
PLAI n shou F DE		17. INFORMENT John Degulio	Specify whether injury occurred in industry in home, or in public place.  Manner of injury
TE atio		18. BURIAL, CARMATION, OR REMOVAL  Place The Property of the Date 11 4 9 193 3	Nature of injury
WRI informe	II	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
C	<u>a</u>	20. FILED May 9 , 1933 M. C. markening	(Signed) , M. D.
ż	Į	Registrar.	(Address) (3)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the

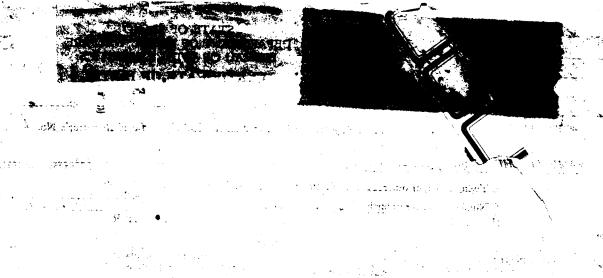
particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	Ī	EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		
	***************************************	•	· <b>******</b>	

(If born in hospital or institution Prim. Registrating give name.)	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE.OF BIRTH 12347  Strict No. 9/ State by No. 2  Local Registrar's No. 2
3. Sex 9   It pares	emature 7. Legiti- 8. Date of birth 2016 9 (MONTH, DAY, YEAR)  18. Full MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State)  11. Color or race W.   12. Age at last birthday   3. (years)	maiden name M. Pac.  19. Residence (usual place of abode) (If non-resident, give place and State)  20. Color or race Mass. 21. Age at last birthdays 9 (years)
13. Birthplace (city or place) Renewas Management (State or country)  14. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years)	22. Birthplace (city or place)  (State or country)  23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work  26. Total time (years)
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and no  28. If stillborn, period of gestation or weeks or weeks 29. Cause of stillbirth.	th Unitervalue   Before labor   During labor
(etc., should make this return.  Give name added from a supplemental report	



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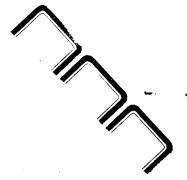
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R	ECEIVED MAY 29 100.	)			
	Form V. S. No. 5 20M.1-16-12	CERTIFICATE	OF DEATH	State of Idaho	
	1. PLACE OF DEATH.		9/	BOARD OF HEALTH Bureau of Vital Statistics	
PHYSI et state	County of Clearwale	Registration District No Primary Registration Distric		le No. 84555	
2	in 0110		_	egistered No.	
Þj≓	City of City from usu-	(No	7.4	If death occured in a hospital, institution or camp, give its NAME	
g.T.	al residence, give facts called for under special information. 2. FULL NAME		<u> </u>	stitution or camp, give its NAME instead of street and number.	
' RECORD. d EXACTLY. classified. Exe	PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICAT	TE OF DEATH.	
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ANENT be state roperly lcate.	I Muce	(Write the word.)	(36 AL)	(Day) (Year)	
P P P	6. DATE OF BIRTH Sullbarr		(Month)		
OH PER			17. I HEREBY CERTIFY, That I attended deceased from		
ZAGA	Mch	3 1933	191, to	191	
A da ga	(Month)	(Day) / (Year)	that I last saw halive on	191,	
BIN IS IGE It back	7. AGE	IF LESS than 1 day how many	and that death secured on the det		
HIS Part Part on p	yrs. mos.	drmins.?	The CAUSE OF DEATH* was as fo		
<b>7</b> H • + -	8. OCCUPATION		Stilles ac Car	e Den Luguer	
_   # <b>*</b> 9	(a) Trade, profession or			W. F. W. W. W. W. W. W. W. W. W. W. W. W. W.	
ERVED  WG INK— Illy suppli n terms, s	particular kind of work				
	(b) General nature of industry business, or dstablishment in which employed (or employer)				
SER ING fully sin to			(Duration) yrs. mos. ds.		
ESE DIN reful plain See to	9. BIRTHPLACE C. I. P.				
CK H 유명	(State or Country)	uer Idaho	(Secondary)		
ZE SH H	10. NAME OF FATHER Glam MACH		(Duration) mos. ds.		
D H H H H			(Signed) EMM D.  19 (Address) EUI Proces		
MARGIN WITH UN should be DEATH i					
	(State or Country) Parers	4. This		the from VIOLENT CAUSES, state (1)	
	12. MAIDEN NAME	^	*State the DISEASE CAUSING DEATH; or in des MEANS OF INJURY; and (2) whether ACCIDENTA		
NI SE SE SE SE SE SE SE SE SE SE SE SE SE	OF MOTHER ana Me Rae		18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)		
	13. BIRTHPLACE		•	·	
High Si	OF MOTHER (State or Country)		At place In of deathyrsmosdays. St	the ateyrsmosdays.	
A Tar		BEST OF MY KNOWLEDGE	Where was disease contracted		
	(Informant) There It Hill		if not at place of death?  Former or usual residence		
WRITE PLA ry item of info should state CA					
very S sho	(Address) Elf Ring	2	19. PLACE OF BURIAL OR REMOV	AL   DATE OF BURIAL	
B.—Ever CIANS s ment of	15. (Address) 2.274			March 3 1933	
I A I	" h a/	m d. 00	20. UNDERTAKER	ADDRESS	
MO H	Filed May 26 1933	111 Tramey		1	
×		Local Registrar	<u> </u>		
	SYMS - YORK CO., PTRS. 4 BDMS. 19760				



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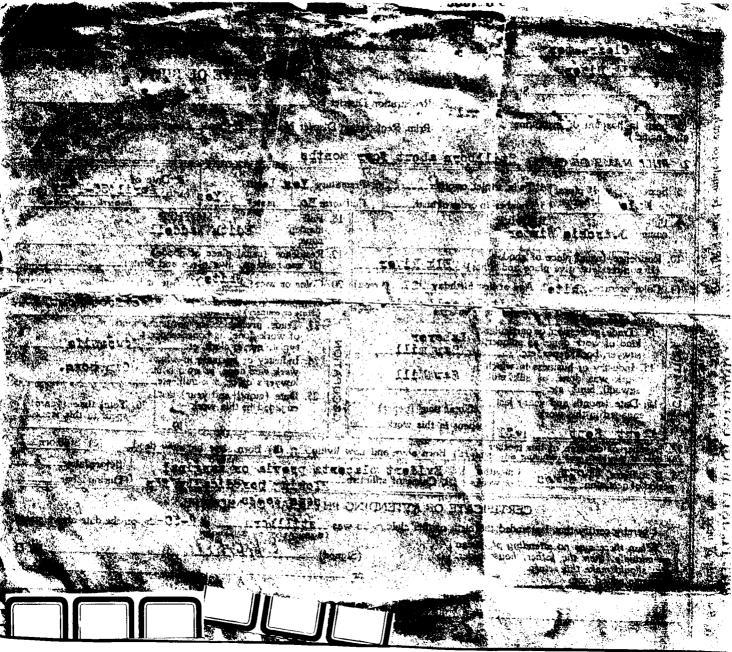
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LE WAY Z Y 1933 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Dlearwater BUREAU OF VITAL STATISTICS 212348 City of Elk River CERTIFICATE OF BIRTH State File No. Registration District No .... (If born in hospital or institution Prim. Registration District No... give name.). 2. FULL NAME OF CHILD Stillborn about four months 8. Date of If plural 4. Twin, triplet, or other\_\_\_\_\_6. Premature\_Yes. Legiti-Yes birth April 50-1955 193 3. Sex 8 births 5. Number, in order of birth\_\_\_\_ Full term No. mate? (MONTH, DAY, YEAR) Male must MOTHER 18. Full PATHER 9. Full Edith Waddell name S.Archie Winter maiden name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) \_ELK\_RIVET (If non-resident, give place and State) 11. Color or race\_White2. Age at last birthday\_27\_ (years) 13. Birthplace (city or place) Little Falls Min. E 22. Birtholace (city or place) \_\_\_\_Blackfoot Mont.\_\_\_\_ (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, Laborer typist, nurse, clerk, etc.\_\_\_\_ Housewile kind of work done, as spinner, Saw mill sawyer, bookkeeper, etc. \_\_\_\_\_ 24. Industry or business in which 15. Industry or business in which Own home. work was done, as own home, Saw Mill work was done, as silk mill, lawyer's office, silk mill, etc.\_\_\_\_\_ sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last 26. Total time (years) engaged in this work engaged in this work spent in this work\_\_\_\_ spent in this work ..... About Sept 19.31 child (At time of this birth and including this child) (a) Born alive and now living \_\_\_ 2. (b) Born alive but now dead \_\_\_\_. (c) Stillborn \_\_ 1. Before labor\_\_\_\_X Evident placenta previa er marginal 28. If stillborn. About months period of gestation 4 mos 29. Cause of stillbirth Flowing peredically for During labor\_\_\_ or weeks than CERTIFICATE OF ATTENDING PHESICIAN CAMIDWIFE I hereby certify that I attended the birth of this child, who was stillhorn at 8-30-Im. on the date above stated.

When there was no attending physician ) more When there was no attending physician ) CWWhile M. D. **"** or midwife, then the father, householder,} (Signed) \_\_\_. etc., should make this return. Address Ells Russ Idaha Give name added from a supplemental report Registrar.

PLAINLY WITH



RECEIVED MAY 2 9 1933 Form V. S. No. 5 20M.1-16-12 CERTIFICATEOF DEATH. State of Idaho i EXACTLY. PHYSI-classified. Exact state-BOARD OF HEALTH Registration District No. 9/ PLACE OF DEATH. Bureau of Vital Statisti Primary Registration District No. 2/68 County of Clearwater File No. City of Rik River Registered No. (No. St.) If death occurs away from usu-If death occured in a hospital, inal residence, give facts called for under special information. 2. FULL NAME Stillborn about four months stitution or camp, give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH. 3. SEX 4. COLOR OR RACE | 5. SINGLE, MARRIED, WID-16. DATE OF DEATH OWED OR DIVORCED. properly Male White Married word.) 30th,1933 April (Month) (Dav) (Year) 6. DATE OF BIRTH 17. I HEREBY CERTIFY, That I attended deceased from , 933 April 30 Stillbern 191 to \_\_\_\_\_\_191\_\_\_, (Month) (Year) (Dav) that I last saw h\_\_\_\_alive on\_\_\_\_\_191\_\_\_ 7. AGE IF LESS than 1 day Stillbern how many . . . . . hrs. or .....mins.? ......vrs. mos. ds. The CAUSE OF DEATH\* was as follows: instructions 8. OCCUPATION Evident Placenta previa. Flowing had been 8 (a) Trade, profession or particular kind of work ..... ....every few days but no examination made (b) General nature of industry business, or datablishment in which employed (or employer) ..... plain (Duration) yrs. mos. ds. 9. BIRTHPLACE Contributory..... Idaho Clearwater county (State or Country) 면 (Secondary) important. NAME OF ......(Duration) yrs. mos. ds. S.Archie Winter FATHER 11. BIRTHPLACE (Address) Elk River, Idaho. OF FATHER Little Talls Minn OF. (State or Country) very \*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) 12. MAIDEN NAME MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL, CAUSE Edith Waddell OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) 13. BIRTHPLACE OF MOTHER Blackfoot . Mont. At place of death......yrs.....mos......days. (State or Country) State......yrs.....mos......dava -Every item or ANS should statent of OCCUPAT 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted if not at place of death?.... (Informant) Mother of father Mrs Gillard. usual residence..... CIANS SI Elk River. Idaho. 19. PLACE OF BURIAL OR REMOVAL | (Address) DATE OF BURIAL 15. 20. UNDERTAKER ADDRESS Local Registrar BYMS - YORK CO., PTRS. & BDRS. 19760

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PLACE OF BIT STATE OF IDAHO made RTMENT OF PUBLIC WELFARE 3 A PERMANENT RECORD LATE RETURN must be mad of birth stated. County of .... BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH 212361 .....State File No. ..... Registration District No..... (If born in hospital or institution give Prim. Registration District No. 211. Local Registrar's No. 10 name.) FULL NAME OF CHIL (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Legiti-Sex of Triplet in order of birth matel Child (Month) (To be answered only in event of plural births) order THIS SEP/ Number of child of this mother, including present birth.... (a) Born alive and now living e.∃ Stillborn Born alive but now dead each FATHER MOTHER FULL MAIDEN FULL NAME UNFADING Residence Residence (Usual blace of abode) e than one child and the number (Usual place of abode If non-resident. If non-resident. give place and Stat give place and State Age at last birthday. Color or races Color or race Age at last birthday (Years) Birthplace Birthplace (City and State or County) (City and State or County) WITH Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* each PLAINLY case of for e I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) \*Where there was no attending physician or mid-) WRITE wife, then the father, householder, etc., should Physician\* make this return. A stillborn child is one that neither breathes nor shows other evidence of life Address... after birth. Filed

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AMMENT OF PUBLIC WELFARE. selstration limited No. It parts in manifel or institu-Prim. Engistration District No. KULL NAME OF CHILD IN STREET 6. Premature ... 7. Legitt. If planed the Today to being there. Full term ..... S. Damber, in order of birth. MOTHER Is. Full FATHER maiden SMIRH 13. Resilence (usual place of abode) 10. Kendence (usual place of shoule) It non-resident give place and State) Il non-milliont, give place and State). 21. Age at Just birtlday 20. Color or race... Color or rare Ad il Age at last hirthday La (vears) State or commers) 23. Trade, profession, or particular kind 14. Trade, profession, or purticular, of work done, as housekeeper, tyrist, kind of work done, as spinour. nurse, clerk, etc.,..... sowver, bookkeeper, etc. 24. Industry or business in which Industry or business in which work was done; as own home. truck was done as silv mill, sawlawrer's office, silk will, etc., mil bank etc .... 25. Date (month and year) Pate (month and year) last engaged in this work 26. Total time (years) ast engaged in this work [17. Total time (years) eek mild spent in this work spent in this work Number of colleces of this rubble (a) Born alive and now living & (b) Born slive but now dead ... (c) Stillmen What prophylactic was used to prevent Ophthalmia Negatorum? Before labor. Enimon L stilliora. During labor ..... lou deady on Cause of stillbirthen will water period of gestation : CERTIFICATE OF ATTENDING PHYSICIAN OR WIDWIFE Larger courie that I attended the bleth of this child, who (Signat) Midwite er at at m, on the date above stated. there at the or Statistion Place their make attending physician or midwife, then I Filed Little ... he futher householder, etc., should make this return,

State of Idaho CERTIFICATE OF DEATH BOARD OF HEALTH Bureau of Vital Statistics Registration District No..... File No..... County of... Primary Registration District No..... Registered No..... If death occurred in a hos-If death occurs away from pital, institution or camp, give its NAME instead of usual residence, give facts called for under special intreet and number. formation. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARMICULARS ANENT RECORD, PHYSICIANS shoumportant. See instru 4. COLOR OR RACE | 5. SINGLE, MARRIED, WID-3. SEX OWED OR DIVORCED 16. DATE OF DEATH the word.) 6. DATE OF BIRTH I HEREBY CERTIFY. That I attended deceased from \_\_\_\_\_\_19\_\_\_\_\_\_19\_\_\_\_\_\_19\_\_\_\_\_\_\_ IF LESS than 1 day 7. AGE that I last saw h...... alive on..... how many hrs. Yrs. Mos. and that death occurred on the date stated above, at Z. A. M or min.? 8. OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or establishment in which employed (or employer)..... ......(Duration) ......Yrs.....mos.....ds. 9. BIRTHPLACE Contributory..... (State or Country) (Secondary) 10. NAME OF (Duration) FATHER 11. BIRTHPLACE OF FATHER (State or Country) \*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 12. MAIDEN NAME OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) 13. BIRTHPLACE OF MOTHER In the At place of death. (State or Country) Where was disease contracted if not at place of death?.... (Informant) DATE OF BURIAL BURIAL OR REMOVAL 15.

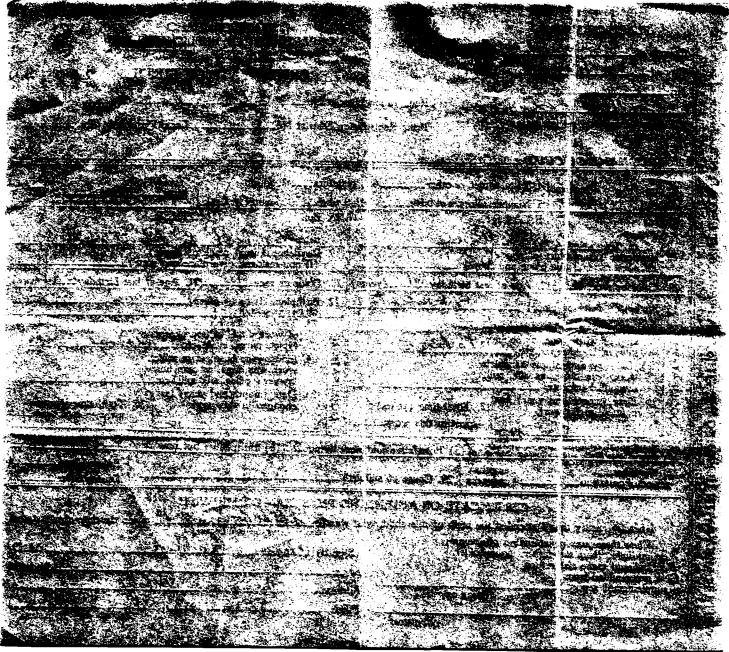
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i. B.—In case of more than order of birth stated.		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 212442 strict No
미한민	3. Sex   If plural   4. Twin, triplet, or other   6. Problem   5. Number, in order of birth   Full name   C. Problem   6.	8. Date of birth Apr. 1933  18. Full MOTHER maiden name of the control of the con
W S	Registrar.	Registrar.



PLACE OF DEATH  DEPARTMENT OF PUBLIC WELFARE  BUREAU OP VITAL STATISTICS  State File No.  CERTIFICATE OF DEATH  City of Registration District No.  Primary Registration District No.  Local Registrar's No.  (No.  (No.  (No.  (If death occurred in a hospital or institution, give its name instead of street and number.)  PERSONAL AND STATISTICAL PARTICLARS  Registration District No.  Local Registrar's No.  (No.  (If death occurred in a hospital or institution, give its name instead of street and number.)  PERSONAL AND STATISTICAL PARTICLARS  State File No.  Local Registrar's No.  (If method occurred in a hospital or institution, give its name instead of street and number.)  PERSONAL AND STATISTICAL PARTICLARS  State File No.  Local Registrar's No.  (If method occurred in a hospital or institution, give its name instead of street and number.)  PERSONAL AND STATISTICAL PARTICLARS  If method of residence in city or town where death occurred. yrs. mos.  da. How long in U.S., if of foreign birthy yrs. mos.  da. How long in U.S., if of foreign birthy yrs.  MEDICAL CERTIFICATE OF DEATH  State File No.  Local Registrar's No.  Local Registrar's No.  Local Registrar's No.  (If method occurred in a hospital or institution, give its name instead of street and number.)  PERSONAL AND STATISTICAL PARTICLARS  3.5EX  4. COLOR OR RACE  5. Single, Married, Widowed, or Death of the word)  3.6EX  4. COLOR OR RACE  5. Single, Married, Widowed, or Jan.  3.5EX  4. COLOR OR RACE  5. Single, Married, Widowed, or Jan.  3.5EX  4. COLOR OR RACE  5. Single, Married, Widowed, or Jan.  3.5EX  4. COLOR OR RACE  5. Single, Married, Widowed, or Jan.  5. Jan.  6. DATE OF BIRTH (month day, and year)  5. DATE OF BIRTH (month day, and year)  1. Take, profession, or particular  1. Take, profession, or particular  1. Take, profession, or particular  1. Take, profession, or particular  1. Take, profession, or particular  1. Date decased last worked at 11 miles from the word of the word of the word of the word of the word of the word of the word of the w		CEIVED JAY 24 193	STATE OF ID	OAHO		
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Length of residence in city or town where death occurred.  PERSONAL AND STATISTICAL PARTICULARS  SEX  A. COLOR OR RACE  S. Single, Married, Widowed, or Divorced (write the word)  For Handle, Widowed, or Divorce	t o k	I	Primary Registration Distri	ict No		s No
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3.5. A COLOR OR RACE or Divorced (write the word)  1. DATE OF DEATH (month, day, and year)  5. Single, Married, Widowed, or Divorced (write the word)  5. Himselfed, widowed, or divorced (write the word)  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than 1 day, himselfed work done, as spinner, with work was done, as done w	F. S	Length of residence in city or town where		ds. How long in U.	. S., if of foreign birth?	yrs. mos. ds.
6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. AGE  7. AGE  8. Trade, profession, or particular kind of work done, as spinner, asswer, bosceper, etc.  9. Industry or business in which work was done, as sike mill, saw mill,	PERMA   EXAC	3.SEX 4. COLOR OR RACE  Female W  5a. If maried, widowed, or divorced HUSBAND of	5. Single, Married, Widowed,	21. DATE OF DEATH 22. LHEREBY C	(month day, and year) ERTIFY, That I attended to the second secon	april 34933 d deceased from
8. Trade profession, or particular sawyer, bookeeper, etc. 9. Industry or business in which work was done, as sik mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town) 13. NAME James & Rel 14. BIRTHPLACE (city or town) 15. MAIDEN NAME Hamel & Bennet 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMENT J. R. L. 18. BURIAL, CREMATION, OR REMOVAL 19. INFORMENT J. R. L. 20. INFORMENT J. R. L. 21. INFORMENT J. R. L. 22. INFORMENT J. R. L. 23. INFORMENT J. R. L. 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. INFORMENT J. R. L. 26. INFORMENT J. R. L. 27. INFORMENT J. R. L. 28. INFORMENT J. R. L. 29. INFORMENT J. R. L. 20. INFORMENT J. R. L. 20. INFORMENT J. R. L. 20. INFORMENT J. R. L. 20. INFORMENT J. R. L. 21. INFORMENT J. R. L. 22. INFORM	S IS be at prop	6. DATE OF BIRTH (month, day, and	Days If LESS than 1 day, hrs.	to have occurred on	the date stated above, a	tm. uses of importance
Hard 13. NAME (city or town) 5. Date of	AGE show AGE show hat it may on back of o	kind of work done, as spinner, sawyer, bookeeper, etc	i. Total time (years) spent in this occupation	due to summer of outling of Other contributory	Enothing cord, who circular causes of importance:	th atim
A STATE OF THE LOCAL STREET OF THE LOCAL STREE		(State or country)	Rice	i		
17. INFORMENT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Date 4/30, 1933  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED May 3 4, 1935, Chas 7 Seller (Signed)	d be careft TH in plai ortant. Se	(State of country)	E Bennett	23. If death was due to a Accident, suicide, or h Where did injury oc	exter' causes (violence)fil omicide? D cur?	l in also the following: ate of injury, 193
18. BURIAL, CREMATION, OR REMOVAL Place Date 4/30, 1933 Nature of injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  19. UNDERTAKER (Signed)  19. UNDERTAKER (Signed)  19. UNDERTAKER (Signed)	PL F U	17. INFORMENT J. L. R.		Specify whether injur	ry occurred in industry	in home, or in public
Signed C. Filed May 3 4, 1935 Chas & Seller (Signed)	E E E	Place	Date 4/30, 1933	Nature of injury		
	i. B.—W info CAI TIO	(Address)	hus F Zeller	(Signed)	2. F. Zell	u, , M.D.

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9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of onset Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Peritonitis Cerebral hemorrhage Julu 5, 1927 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones Gastroenteritis 1 year May 1. 1923 ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	PLACE FREE FIN 7 1933 STATE OF IDAHO
늘	The state of the s
CORD e mad	County of County of PUBLIC WELFARE
8 -	City of County o
	No. E CERTIFICATE OF BIRTH
T Ki	
A PERMANENT ATE RETURN mu of birth stated.	200
	(If born in hospital or institution give name.)  Pring. Registration District No
	FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth for name of child)
照路は一	
교환경	Sex of Triplet and Number Legiti- Date of 32
<u>ଏହିଳା</u>	Child or other? or of birth mate? birth (Month) (Day) (Year)
a SEPARA in order o	What prophylactic was used to prevent Ophthalmia Neonatorum?
HIS IN	
E S ii	Number of child of this mother, including present birth (a) Born alive and now living
निस्	Born alive but now dead Stillborn
INK birth each,	FULL FATHER RANGE MAIDEN MATTHER
ರ್ಚರ	NAME NAME Residence
Z z z	(Usual place of abode) (Usual place of abode)
BE:A	If non-resident, give place and State give place and State
ITH UNFADING I than one child at hand the number of c	Color or race Age at last birthday Color or race Color or race
	Birthplace Tribley Calif. (Years) Birthplace Michael (Years)
E P E	(City and State or County)
	VCCQP688V
LY WI more	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
S C C	I hereby certify that I attended the birth of this child, who was spillorn hat
E E	on the date above stated.
PLAINI case of for o	(Signature)
교급	(*Where there was no attending physician or mid-)
	wife, then the father, householder, etc., should make this return. A stillborn child is one that
WRITE B. — In	neither breathes nor shows other evidence of life Address well after birth.
z.	Filed 5-3/- 1933 & L. Spolm m.D.
	E Registrar.

BINDING

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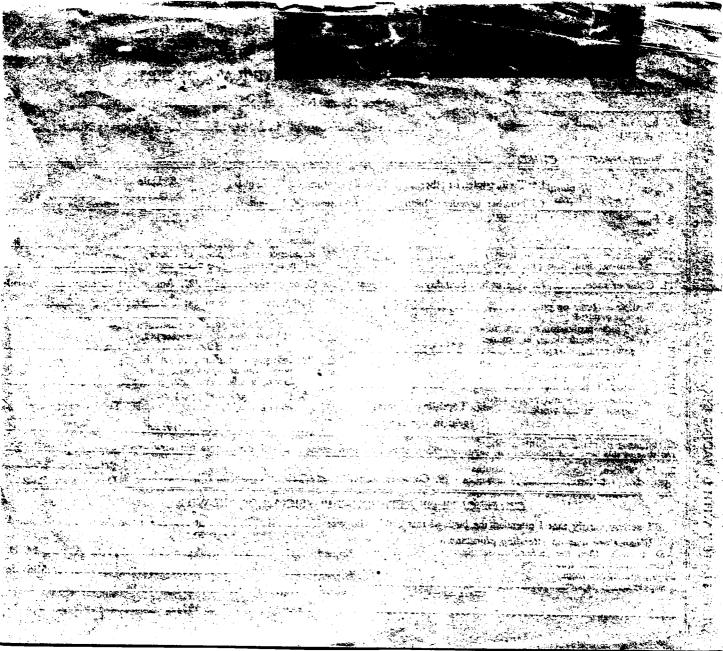
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EXAMPLE I	ł	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

HI RECEIN	BD JUN 7 1933	A Section of the sect	STATE OF A	DAHO	<b>-S</b>
County of Contests		DEPAI <b>BUR</b>	EAU OF VITAL	THE WELFAR	949474
Ball City of Contur. d. A			ERTIFICATE (		<b>E15414</b>
No. Idaho			3	*	
No.		ation District No		State File No	
g o (If born in hospital or give name.)	institution Prim. F	legistration District	No.1050	Local Registra	r's No.2-7
e 8 Z g 2. FULL NAME OF (	CHILD No nous				
3. Sex like bisths  9. Full	4. Twin, triplet, or other			8. Date of birth 4	<u>17, 193_3</u>
9. Full	5. Number, in order of birth FATHER	Full term 19		OTHER	ONTH, DAY, YEAR)
name	PATTIER	maide	en	*	
name Rex A  10. Residence (usual plane)	are of abode)	10 0	Rosa Anna lence (usual place		
(If non-resident, giv	e place and State) 243 S Ti	velfth (If n	on-resident, give pl	ace and state) L	13 3 Twelft
11. Color or race_Whi	tie. Age at last birthday 20				airthday 25 (years)
10. Residence (usual plants)  11. Color or race Whi  13. Birthplace (city or (State or country)	place) Coeur d'Alene Idaho	22. Birth	place (city or place or country)	e) Crescen	t, Iowa
(State or country)  14. Trade, profession leind of work do	on, or particular	23.	Frade, profession, of work done, as he	or particular kind	
Sawyer, bookkee		Z	of work done, as he ypist, nurse, clerk,	etcHon a	ewife
sawyer, bookkee  15. Industry or but work was done sawmill, bank, e  16. Date (month ar engaged in this w	siness in which		industry or business work was done, as		-
sawmill, bank, e	te	<u>    </u>	awyer's office, silk	mill, etc	
16. Date (month an engaged in this v	nd year) last 17. Total time (year)	rs)   $\overline{0}$   25. I	Date (month and y engaged in this wo		otal time (years)
O Engage	spent in this work	k			ent in this work
27. Number of children	of this mother	and now living	(h) Rom alive	but now dead	_ (c) Stillborn_3
(At time of this birth and	neluding this child) (8) DOFN allve			B	efore labor
27. Number of children (At time of this birth and 28. If stillborn, period of gestation. 5.	Mon. or weeks 29. Cause of	stillbirth_	destino	1	uring labor_144
A a I hereby certify the	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
	t I attended the birth of this chil		llborn st		he date above stated.
When there was no or midwife, then the etc., should make this Give name added from a supplemental report.	attending physician		MAIN	1 X	
or midwife, then the etc., should make this	return.	(Signed)			Midwife
Give name added from a supplemental report		· or	com atan.	na Tacka	
T all a suppremental separation	(DATE OF)		oeur d'Ale		A A La
Give name added from a supplemental report	Registrar	FiledXN.	my 8-,1	93.22	Registrar.
<b>≯</b>		No. 4	•		8

A 4-1



NT RECORD. Every itemsof. PHYSICIANS should selfe. Exact statement of OCCU.	County of County	BLIC WELFARE STATISTICS OF DEATH State File No.  Local Registrar's No.  St.  (If nonresident give city or town and state)
3 [ANEN] CTLY. sified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NDING PERM dEXA ly classicate.	3.SEX 4. COLOR OR RACE or Divorced (write the word)  5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH (month day, and year) 7 193 3  22. I HEREBY CERTIFY, That I attended deceased from 193 to 193 193 193 193 193 193 193 193 193 193
FO IIS IIS I be	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, Ohrs. or omin.	
RESERV NG INK AGE sh that it me	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years) spent in this occupation.	Other contributory causes of importance:
MARGIN UNFADI y supplied terms, so See instru	12. BIRTHPLACE (city or town)	Name of operation Date of
WITH carefully in plain cortant.	13. NAME VEY A Money  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Posa Lahr	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to exter causes (violence) fill in also the following:  Accident, suicide, or homicide? Date of injury, 193
LAIP shoul DEA	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMENT (Address)	Where did injury occur?  (Specify city or town county, and State)  Specify whether injury occurred in industry in home, or in public place.
VRITE ormetion USE OD	18. BURIAL, CREMATION OF REMOVAL Place Date 1 - 193 3  19. UNDERTAKER (Address)	Manner of injury  Nature of injury  24. Was disease or injury in any way related to occupation of deceased with the second secon
Y. BV info CA PA	20. FILED 4-22, 193.3 Registrar.	(Signed) Coly of aline of

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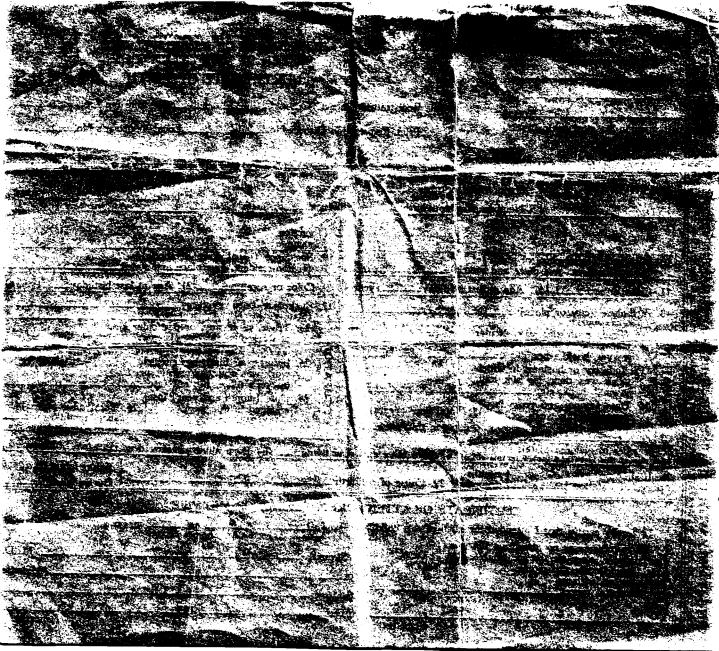
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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	<u> </u>
	·		
	·		
***************************************			

	RECEIVED JUN 13 1935				
e than	1. PLACE OF BIRTH County Clubs	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS			
at a	City of May	CERTIFICATE OF BIRTH 212495			
A R	No St.	11.1			
E E	Registration Dis				
a d	give name.)	on District No2_/Local Registrar's No			
N. B.	2. FULL NAME OF CHILD Strong John				
RECORD.	3. Sex 2 / If plural 4. Twin, triplet, or other 6. Pre	mature 7. Legiti- 8. Date of birtis 23 1935 (MONTH, DAY, YEAR)			
없이	9. Full FATHER	18. Full 6/, MOTHER			
	name Wered Tish	maiden bus Planchart			
PERMANENT ch, and the numb	10. Residence (usual place of abode) (If non-resident, give place and State) - May - May	19. Residence (usual place of abode) (If non-resident, give place and state)			
NA ti	11. Color or race 12. Age at last birthday 244 (years)	20. Color or race 21. Age an last birthday 24 (years)			
PER a	13. Birtholace (city or place)	22. Birthplace (city or place) State (State or country)			
S A for ea	(State or country)  14. Trade, profession, or particular kind of work done, as spinner.	23. Trade, profession, or particular kind of work done, as housekeeper,			
		typist, nurse, clerk, etc			
THIS made	15. Industry or business in which work was done, as silk mill,	work was done, as own home, lawyer's office, silk mill, etc			
nust be	sawmill, bank, etc	25. Date (month and year) last			
FINK must	o engaged in this work 17. Total time (years) spent in this work	O engaged in this work 26. Total time (years) spent in this work			
JIN URN	27. Number of children of this mother	ry living (b) Born alive but now dealer (c) Stillborn 22,			
RAL	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and no	Pefan labor 400			
L N	28. If stillborn, period of gestation 5 ma months or weeks 29. Cause of stillbirt	Before labor 200   During labor			
WITH UNFADING a Separate Return e	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
		was form dead at 3 m. on the date above stated.			
PLAINEY	( When there was no attending physician )	-75 Wa 1/2			
at b	or midwife, then the father, householder, (S etc., should make this return.	igned), M. D. Midwife			
	Give name added from a supplemental reportA	Jahnon			
WRITE one cl	(DATE OF)	led June 10, 1933 Chore. Bellan			
	Registrar.	Registrar.			
_	••	y			



STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH No.\_ Registration District No. \_State File No.\_\_\_\_\_ (If born in hospital or institution Prim. Registration District No.\_\_\_\_Local Registrar's No.\_\_ give name.) 2. FULL NAME OF CHILD. ORD. 4. Twin, triplet, or other\_\_\_\_\_ 8. Dates of / 6. Premature 3. Legiti-3. Sex If plurat birth Consumer births Full term 234 5. Number, in order of birth\_\_\_\_ mate?\_\_\_ (MONTH, DAY, YEAR) MOTHER 18. Full 9. Full FATHER the number maiden PERMANENT name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 20. Color or race\_\_\_\_\_\_21. Age at last birthday 22 3(years) 11. Color or race\_\_\_\_\_ 12. Age at last birthday\_\_\_\_\_\_ 3\_2 (years) 22. Birthplace (city or place)\_\_\_\_\_ 13. Birthplace (city or place) A PE each, (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular ខ្មាន of work done, as housekeeper, kind of work done, as spinner, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. Thusuwe 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. House sawmill, bank, etc. \_\_\_\_\_ 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last | engaged in this work 26. Total time (years) engaged in this work spent in this work. UNFADING (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn (... Before labor months 28. If stillborn. 29. Cause of stillbirth period of destation 6/0 24 During labor or weeks CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was the little at the late above stated. (BORN ALIVE OR STALKBORN) When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. \_. Midwife Give name added from Address Alander a supplemental report\_\_\_\_\_\_ (DATE OF) Registrar.

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THE WILLIAM TO THE REAL PROPERTY OF THE PARTY the service to the service of the se The same of the sa which College to

		RECEIVED MAY 12 1933 STATE OF ID	AHC_
		PLACE OF DEATH DEPARTMENT OF PUB	BLIC WELFARE DO NOT WRITE IN THIS SPACE
;	Mem JG et SCUP	BUREAU OF VITAL	
	ry ne	CERTIFICATE O	State File No. 0 4 2 3 U
	of a	City of Monon Registration District No	2.3
	NS NS out	Primary Registration Distri	ct No Local Registrar's No
1	SIA N	(No(If death occurred in phospital or institution,	give its name instead of street and number
	SICIA statem	2. FULL NAME	give its name instead of street and name in
1	KKCOKD. PHYSICIA act statem	Z. PULL NAME	<b>S</b> †
ļ	. <b>–</b> M	(a) Residence. No	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. naos. ds.
	KY.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	MAN. ACTI sified	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year 2/11) 2/ 193 3
7		Male white	22. I HEREBY CERTIFY, That I attended deceased from
	S S S S S S S S S S S S S S S S S S S	5a. If maried, widowed, or divorced HUSBAND of	, 193
	d de la company	(or) WIFE of	I last saw halive on, 193; death is said
	star a	6. DATE OF BIRTH (month, day, and year) while 21-33	to have occurred on the date stated above, at
FOR	HIS I	7. AGE Years Months Days If LESS than 1 day, hrs.	Date of onse
	THIS ould y be if ceri	or min.	
VED	photograph of of	8. Trade, profession, or particular kind of work done, as spinner,	tac printernal correct to the correct to
SER	N H H H	9. Industry or business in which work was done, as silk mill, saw mill, bank etc	
KS]	ING II d. AG that i	work was done, as silk mill,	
ĸ		10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:
ARGIN	Stie Stie	year) occupation	
RG	IFA	12. BIRTHPLACE (city or town) Shortond (State or country)	
MA			Name of operation
=4	ofull lain See	13. NAME W Juans  14. BIRTHPLACE (city or town) Liffing  (State or country)	What test confirmed diagnosis?
		(State or country)	23. If death was due to exter leauses (violence) fill in also the following:
	in in c	15. MAIDEN NAME Ida Jason	Accident, suicide, or homicide?
	E E E	15. MAIDEN NAME ACA TANANA  16. BIRTHPLACE (city or town) Colland  (State or country) North Dakota	Where did injury occur?
	LAINLY, Wahould be can DEATH in	(State or country) Youth Dakota	Specify whether injury occurred in industry in home, or in public
		17. INFORMENT Land	place.
	E Pion OF	CONTRACTOR OF PERONAL	Manner of injury
		Place Choston Date 7 2 2, 1983	Nature of injury
	-WRIT	19. UNDERTAKER CZATA	24. Was disease or injury in any way related to occupation of deceased
	I C E I	(Address) Shorton Jacq	(Signed) & Survett, M.D.
	<b>M</b>	20. FILED 4/2/ , 1933 # & Julier Registrar,	(Address) Allasham Ida
	ż	- Cull VIII Manne item	

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	EXAMPLE II	
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1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
FOR FURTH	ER STATEMENTS BY PHYSICIAN	
		***************************************
	1915 1921 July 5, 1927 May 1, 1923	Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 5, 1927  Peritonitis  Other CONTRIBUTORY CAUSES of importance:

1933 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE Lerre A PERMANENT RECORD SATE RETURN must be maded birth stated. County of BUREAU OF VITAL STATISTICS City of.... CERTIFICATE OF BIRTH No. Registration District No. 100 9 State File No. (If born in hospital or institution give rim. Registration District No. 96 Local Registrar's No. FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Legiti-Sex of Triplet and in order hirth of birth Child or other? mate? (To be answered only in event of plural births) (Month) (Day) -THIS IS a SEPAK in order What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth ...... (a) Born alive and now living... Born alive but now dead Stillborn S Erth MOTHER FULL MAIDEN FULL NAME UNFADING Residence Residence e than one child and the number (Usual place of abode). (Usual place of abode) If non-resident. If non-resident. give place and State give place and State .. Color or race Age at last birthday. Age at last birthday Color or race (Years) Birthplace Birthplace WITH (City and State or County) (City and State or County) PRIMER Occupation... Occupation more each CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* PLAINLY Been Miv case of property I hereby certify that I attended the birth of this child, who was Letilliorn on the date above stated. (Signature) \*Where there was no attending physician or mid-wife, then the father, householder, etc., should make this return. A stillborn child is one that WRITE (Physiciam or midwife) neither breathes nor shows other evidence of life after birth. Address. Filed... Registrar.

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STATEMENT OF OCCUPATION .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week age
Chronic interstitial nephritis	1921	Run over by street car	1 week age
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days age
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

11 1933 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE RECORD County of BUREAU OF VITAL STATISTICS 212542 City CERTIFICATE OF BIRTH Registration District No. 1004 State File No. PERMANENT birth stated. (If born in hospital or institution Prim. Registration District No......Local Registrar's No...... give name.) (If stillborn, substitute the word "Stillbirth" for name of child) FULL NAME OF CHILD. Date of Number Legitiin order Sex of Triplet in order of birth of birth mate? or other? Child (Year) (Month) (Day) (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatorum? each FULL MAIDEN child If non-resident, give place and State. It non-resident, give place and State Color or race..... Birthplace ...... Birthplace ..... (City and State or County) (City and State or County) Occupation Occupation ..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIF more PLAINLY I hereby certify that I attended the birth of this child, who was on the date above stated. CABO (Signature) .... \*Where there was no attending physician? VRITE (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. Filed....

DEPOSITION OF THE TO WELVARE County of Line HIMMAU OF VINAL STATISTICS HTHIH TO MEADE IPTHEN design to hounted or mathrician Prim, Registration District No. J. Local Bostwar's Man (If stillborn, substitute the word Shilling for name of child) PULL NAME OF CHILD ...... Mumiler Legitimane (Atomin) (Day) The covered orly in event bitchel Blest propagatette was april to prevent Ophrhabula Mondicherun? Born after but now ded ...... MULTON FATHER NAME OF THE PARTY Residence Land becard book of the to action, and for seal and se Taken or pace ... Age Het Methels (Years) Colur or race ... Age at het Birthesy Heliphice (Cily and Sure of County) Bernelere (City a se singe of County) . Occupation Occupation .... CERTIFEATE OF STENDING PHYSICIAN OR MIDLY IF v. vi edilizacoli I bereby certify that I attended the birth of this child, who was Sufferin de the thre above matel. (Signature) France there was no attending navelenns (Physician of midwife) or midwife, then the father, householder, ero, should make this return. A stillhorn child is one that soliker breethes por shows ofther evidence of lite after birth

RECEIVED JUN 9 1933 STATE OF IDAHO OCCUPA-DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE PLACE OF DEATH BUREAU OF VITAL STATISTICS NezPerce 84656 County of. CERTIFICATE OF DEATH State File No..... Lewiston Registration District No. / 00 9 Primary Registration District No. ... 76 Local Registrar's No. (No. 0208 25th Street )
(If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME Warren Chandler Weatherly (a) Residence. No. Clarkston Heights

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, or Divorced (write the word) 3.SEX 4. COLOR OR RACE 21. DATE OF DEATH (month day, and year) 193 I HEREBY CERTIFY, That I attended deceased from...... Male White Single 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ....., 193...., to......, 193....., 193..... I last saw homeline on 5 - 6 - 1933: death is said properly to have occurred on the date stated above, at.....m. 16 1933 May 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance were as follows:// Date of onset 7. AGE Years Months Days If LESS than 1 day, ..... hrs. 0 0 min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc..... OCCUPATION 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... 8 10. Date deceased last worked at 11. Total time (years) spent in this instruction this occupation (month and occupation ..... Lewiston 12. BIRTHPLACE (city or town).....
(State or country) Idaho FATHER 13. NAME Warren C Reatherly Peola Name of operation ...... Date of ...... What test confirmed diagnosis? ...... Was there an autopsy? ..... 14. BIRTHPLACE (city or town) ..... Washington ā (State or country) 23. If death was due to exter'lcauses (violence) fill in also the following: very important. Ë MOTHER C.C. Mandler 15. MAIDEN NAME Where did injury occur?. 16. BIRTHPLACE (city or town) (Specify city or town, county, and State) Wash (State or country) Specify whether injury occurred in industry in home, or in public Warren C. Weatherly Clarkston Heights (Address) OF Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Place Lewiston Ida. Date 6/17/33 193 Nature of injury CAUSE 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKERVASSAR Mrotwary Inc. (Address) Lewiston Idaho ..... If so, specify

PERMANENT

BINDING

MARGIN RESERVED

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

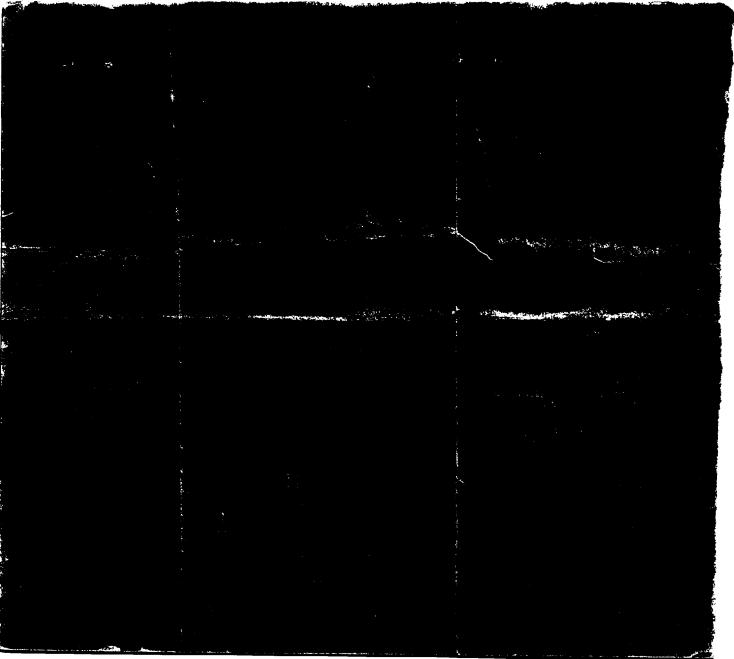
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	ı	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week age
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days age
		•	
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
		·	
		<b>.</b>	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
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		w	***************************************

PLAREGENYED JUN STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Ly. Muse: BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 212547 and Registration District No. 1009 State File No. Prim. Registration District No. \_\_\_\_\_\_ Local Registrar's No. \_\_\_\_\_ (If born in hospital or institution give name.) 2. FULL NAME OF CHILD. D. a. 8. Date of If plural 4. Twin, triplet, or other\_\_\_\_\_6. Premature\_\_\_7. Legitibirth 5/8/33., 193 3. Sex 8 births 5. Number, in order of birth\_\_\_\_ Full term\_\_\_\_ mate? (MONTH, DAY, YEAR) must MOTHER **FATHER** 18, Full 9. Full maiden name > name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) Claraton W. (If non-resident, give place and State) 11. Color or race 12. Age at last birthday 12. (years) 20. Color or race 21. Age at last birthday 22 (years) 22. Birthplace (city or place) Company. Company. (State or country) 13. Birthplace (city or place) Ar It ax Sas. (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, typist, nurse, clerk, etc. kind of work done, as spinner, CCUPATION **OCCUPATION** sawyer, bookkeeper, etc. \_\_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc.\_\_\_\_\_ sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last | engaged in this work 26. Total time (years) spent in this work\_\_\_\_ spent in this work\_\_\_\_ þ child (At time of this birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn..... Before labor \_\_\_\_\_ more than one ( months 28. If stillborn. period of gestation\_\_\_\_\_\_\_ or weeks 29. Cause of stillbirth\_\_\_\_\_\_\_ During labor\_\_\_\_\_ CERTIFICATE OF ATTENDING PHYSICIAN OR MUDWIFE at 8 m. on the date above stated. I hereby certify that I attended the birth of this child, who was still born-When there was no attending physician ) ŏ or midwife, then the father, householder, Case etc., should make this return. Give name added from a supplemental report\_\_\_\_\_ Address Lu (DATE OF) Filed Chanel 1933 Registrar. Registrar.

P. "



. PHYSICIAN	- PLACE OF DEATH  County of <b>Lewiston</b> Regist	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFA BUREAU OF VITA STATISTICS CERTIFICATE OF DEATH ration District No.  ry Registration District No. Whites Hospital	State File No
GECORD.  and be stated EXACTLY.  ay be properly classified.  See instructions on back.		a hospital or institution, give its name ins	tead of street and number.)
MARGIN RESERVED FOR BINDING DING INK—THIS IS A PERMANENT RECORD. should be should be sof DEATH in plain terms, so that it may be proof of OCCUPATION is very important. See instruction of OCCUPATION is very important.	8. SEX Male  4. COLOR OR RACE Sor I  white  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day and year)  7. AGE Years Months Days  8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	emature  If LESS than 1 day, hrs. or min.  *State CAUSES whether The CAU	May  (Month)  (Day)  (Year)  REBY CERTIFY, That I attended deceard from  19, to 19, 19, 19  at death occurred, on the date stated above, at 19, 19  the DISEASE CAUSING DEATH, or in deaths from VIOLENT state (1) MEANS AND NATURE OF INJURY, and (2) ACCIDENTAL, SUICIDAL, or HOMICIDAL.  SE OF DEATH was as follows:
WRITE PLAINLY, WITH UNFADING N. B.—Every item of information should state CAUSE OF Exact statement of	9. BIRTHPLACE (city or town) Lewiston,  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (city or town). (State or Country) Malbern,  12. MAIDEN NAME OF MOTHER (city or town). (State or Country) Oregon  14. H.W.Drake Informant (Address)  15. Filed May 19. 3.3	CONTRI (Second Prince)  18. When if n Did and was then What tee (Simple Prince)  19. Place Contribution of the Contribution of	duration)  (duration)  (duration)  (re was disease contracted of at place of death?  Date of peration precede death?  (at the confirmed diagnosis?  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

such as "Asthenia," "Anaemia" (merely symptomatic)
"Atrophy," "Collapse," "Coma," "Convulsions," "Deblity,"
("Congenital," "Senile," etc.), "Dropsy," "Exhaustion,"
"Heart Failure," "Hemorrhage," "Inanition," "Marasmus,"
"Old Age," "Shock," "Uraemia," "Weakness," etc., when a fonitis," etc. all diseases resulting from childbirth or mis-carriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL per-HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions meningitis"); Diptheria (avoid use of "croup"); Typhoid cepted term for the same disease. Examples: Cerebro spinal Fever (never report Typhoid pneumonia"); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indef-nant neoplasms; Measles; Whooping Cough; Chronic valfever (the only definite synonym is "Epidmic cerebrospinal (e.g. sepsis, tetanus) may be stated under the head "Contributory." vular heart disease; Chronic interstitial nephritis, etc. ite); Tuberculosis of lungs, meninges, peritoneum,

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated

unknown. Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

RECEIVED JUN 9 STATE OF IDAHO County of NewPerce DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS RECORD CERTIFICATE OF BIRTH made for eath, and Registration District No. 1009 State File No. (If both in hospital or institution Prim. Registration District No. 16 Local Registrar's No. PERMANENT give name.) Baly 6 III. FULL NAME OF CHILD .... 8. Date of may 29 If plural 4. Twin, triplet, or other\_\_\_\_\_6. Premature\_\_\_\_7. Legitimate? 42 births Full term\_ 5. Number, in order of birth\_\_\_\_ (MONTH, DAY, YEAR) must MOTHER 18. Full FATHER maiden name & ster ally Citien RETURN name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 1118-18th 44 11. Color or race 12. Age at last birthday 23 (years) 20. Color or race 21. Age at last birthday 1.7 (years) SEPARATE RI 22. Birthplace (city or place) Kendrick) 13. Birthplace (city or place) Ritsielle (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, sawyer, bookkeeper, etc. typist, nurse, clerk, etc\_\_\_\_\_ UNFADING 24. Industry or business in which 15. Industry or business in which work was done, as own home, 2/2/21/21/10/10 work was done, as silk mill. lawyer's office, silk mill, etc .\_\_ sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last 26. Total time (years) engaged in this work engaged in this work spent in this work\_\_\_\_ ä spent in this work\_\_\_\_ child WITH (At time of this birth and including this child) (a) Born alive and now living Q. (b) Born alive but now dead Q. (c) Stillborn ./... one Refere labor months 28. If stillborn. Corwecks 29. Cause of stillbirth Mywre During labor .... period of gestation\_\_\_\_\_ than PLAINLY CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE more at 10:10 m. on the date above stated. I hereby certify that I attended the birth of this child, who was Bottle When there was no attending physician ) \*\* or midwife, then the father, householder, (Signed) \_\_\_\_\_ etc., should make this return. Give name added from winter Idalia a supplemental report\_\_\_\_\_ Address (DATE OF) · Registrar.

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RECEIVED JUN 9 Hão PHYSICIANS should state STATE OF IDAHO OCCUPA-Every item DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE PLACE OF DEATH BUREAU OF VITAL STATISTICS County of Nez Perce. CERTIFICATE OF DEATH State File No. City of Lewiston. Registration District No. 1009 Primary Registration District No. 96 Local Registrar's No. RECORD. St Joseph hospital. (If death occurred in a hospital or institution, give its name instead of street and number,) Baby Etter. 2. FULL NAME..... ..... Kendrick. Idaho. Residence. No. St. . (Usual place of abode)
Length of residence in city or town where death occurred. (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. PERMANENT vrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.SEX 5. Single, Married, Widowed, or Divorced (write the word) Single. 4. COLOR OR RACE 21. DATE OF DEATH (month day and year) 74 all 29 Male. Mhite. I HEREBY CERTIFY, That I attended declared from...... 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of I last saw h alive on ......, 183 ... : death is said 6. DATE OF BIRTH (month, day, and year) May 29th. 1933. The principal cause of death and related causes of importance 7. AGE Years Months Days If LESS than were as follows: Date of onset 1 day, ..... hrs. min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, ste...... OCCUPATION At home. 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: 11. Total time (years)
spent in this
occupation..... 10. Date deceased last worked at this occupation (month and Lewiston. 12. BIRTHPLACE (city or town).... (State or country) Idaho. FATHER Nelson Etter. 13. NAME Name of operation....... Date of ...... plain 14. BIRTHPLACE (city or town) Not known. 23. If death was due to exter leauses (violence) fill in also the following: ä MOTHER Effie Aiken. Accident, suicide, or homicide?...... Date of injury........... 193. 15. MAIDEN NAME DEATH Where did injury occur?... Kendrick. 16. BIRTHPLACE (city or town).... (Specify city or town county, and State) Idaho. (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT Kendrick. Idaho (Address) OF Manner of injury 18. BURIAL, CREMATION, OR REMOVAL Place Kendrick, Idaho, Date May 31st 193 3 Nature of injury CAUSE TION 24. Was disease or injury in any way related to occupation of deceased? Brower-Wann Company. 19. UNDERTAKER ..... If so, specify (Address) Lewiston. Idaho. (Signed)..... 20. FILED Idaho. Lewiston.

BINDING

MARGIN

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	***************************************	***************************************	***************************************

AFAVED JUN 9 STATE OF IDAHO 1933 DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of 2 CERTIFICATE OF BIRTH 212558 4 1009 Registration District No..... \_State File No.\_\_\_\_\_ Prim. Registration District No. \_\_\_\_\_\_\_Local Registrar's No.\_\_\_\_\_ (If born in hospital or institution give name.) FULL NAME OF CHILD. RECORD. 8. Date of 4. Twin, triplet, or other\_\_\_\_\_ 6. Premature\_\_\_\_ 7. Legitilf plucai birth births 5. Number, in order of birth\_\_\_\_ Full term\_X. mate?\_ (MONTH, DAY, YEAR) MOTHER 18. Full FATHER 9. Full PERMANENT RI maiden name name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 12. Age at last birthday (years) 21. Age at last birthday 3. (years) 20. Color or race\_1/1 11. Color or race 22. Birthplace (city or place) 13. Birthplace (city or place) \_\_\_\_\_\_\_ (State or country) (State or country) ∢ § 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, OCCUPATION typist, nurse, clerk, etc.\_\_\_\_ sawyer, bookkeeper, etc. \_\_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) engaged in this work spent in this work. spent in this work\_\_\_\_ 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn Before labor\_444 months 28. If stillborn. 29. Cause of stillbirth has ku period of gestation 9 huss or weeks During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 100. m. on the date above stated. I hereby certify that I attended the birth of this child, who was AINLY at birth, When there was no attending physician ) or midwife, then the father, householder, (Signed) \_\_ etc., should make this return. Give name added from a supplemental report\_\_\_\_\_ (DATE OF) Filed May 31 \_\_\_\_, 193*\_\_*Z Registrar.

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of A-	RECEIVED JUN 9 1933 STATE OF ID	OAHO
ry item lould sta OCCUP.	12102 Of DEPTIT	BLIC WELFARE DO NOT WRITE IN THIS SPACE
item ild sta SCUP	County of BUREAU OF VITAL	1 84647 1
ery ite should f OCCI	CERTIFICATE O	F DEATH- State File No.
▶ △	City of Registration District No	
N N N N N N N N N N N N N N N N N N N	Primary Registration Distri	ict No Local Registrar's No
D. IA	(No. 712 - 3rd S	31-
SORD. I	(If death occurred in a hospital or institution,	
X SCC	2. FULL NAME Infant mut mus W. g. 1	Tarlow 1
RECORD. PHYSICIAN	(a) Residence. No. 7/2-3-8-	St. (If nonresident give city or town and state)
EX EX	Length of residence in city or town where death occurred. yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
ANENT CTLY. fied. Es	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ERMANE) EXACTLY classified.	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	21. DATE OF DEATH (month day, and year) $5 - 29 - 1933$
MAG	white or Divorced (write the word)	22. I HEREBY CERTIFY, That I attended deceased from
PERM d EXA	5a. If maried, widowed, or divorced	hay 29 , 1933, to hay 29 , 1933
A Para A	HUSBAND of (or) WIFE of	I last saw halive on, 193; death is said
HIS IS A P ild be stated be properly certificate.	6. DATE OF BIRTH (month, day, and year)/may, 29-/933	to have occurred on the date stated above, atm.
S IS be a prop	6. DATE OF BIRTH (month, day, and year) may 29-1933  7. AGE Years Months Days II LESS than	The puincipal cause of death and related causes of importance were as follows:  Date of onset
	1 day,hrs.	
3 P: 💆 - T	8. Trade, profession, or particular	Stice Barn
K—T K—T 3 sho may ck of		
INK-GE .	9. Industry or business in which	
G I G I AC AC On b	work was done, as silk mill,	
	kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:
NFADIN Supplied. rms, so tl	this occupation (month and vear) spent in this occupation	
FA FA	12. BIRTHPLACE (city or town)	
UNFA UNFA y supp terms,	(State or country)	Name of apareties hour Date of
	13. NAME W. J. Harlow	Name of operation
VITH refull plain See	13. NAME (1). Harbour  14. BIRTHPLACE (etty or town)  (State or country)	What test confirmed diagnosis? May Was there an autopsy?
car in p	(State of country)	23. If death was due to exter leauses (violence) fill in also the following:
	15. MAIDEN NAME Carnily Coleman  16. BIRTHPLACE (city or town).  (State or country)	Accident, suicide, or homicide? Date of injury, 193.
INLY ald bo ATH iporte	16. BIRTHPLACE (city or town) I Mass	Where did injury occur?(Specify city or town county, and State)
LAINI should DEAT	41 9 6/22 0 2 2 2 2	Specify whether injury occurred in industry in home, or in public
P.L. R. B.	17. INFORMENT (Address)	place.
E ]	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
E E E	Place Lewis ton Date 2 - d. 9 , 1933	Nature of injury
.—WRITE informatio CAUSE O TION is v	19. UNDERTAKER Jasson mostuau	24. Was disease or injury in any way related to occupation of deceased?
T & E	(Address) Ferrisland adalha	(Signed) El Buesout, M.D.
<b>A</b>	20. FILED May 30, 193.3 . M. o. gle Registrar.	(Address) Lewiston Ish
Ż	Bug.m.	1 CANAL VID 1 THE THE THE THE THE THE THE THE THE THE

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
.Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			•••••

1933 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of The BUREAU OF VITAL STATISTICS 212589 City of 1 CERTIFICATE OF BIRTH State File No. Registration District No... (If bond in hospital or institution Prim. Registration District No. 2012 Local Registrar's No. give name.) 2. FULL NAME OF CHILD. PERMANENT RECORD. ch, and the number of each, 4. Twin, triplet, or other\_\_\_\_\_6. Premature X 7. Legiti-8. Date of 3. Sex If plurai births mate7\_2 Ferm Full term\_\_\_\_ 5. Number, in order of birth\_\_\_ (MONZE, DAY, YEAR) 18. Full MOTHER 9. Full **FATHER** maider name name 19. Residence (many place of abode 10. Residence (usual place of abode) (If non-resident, live place and Sta (If non-resident, give place and State) 21. Age at last birthday/9\_(years) 11. Color or process 12. Age at last hirthday... 20. Color or racket 22. Birthplace (city or place)\_\_\_\_\_ 13. Birthplace (city or place) \_\_\_\_ (State or country) (State or country) < 8 23. Trade, profession, or particular kind 14. Trade, profession, or particular S E of work done, as housekeeper kind of work done, as spinner, OCCUPATION typist, nurse, clerk, etc. be made 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill. lawver's office, silk mill, etc ... sawmill, bank, etc. \_ 16. Date (month and year) last 17. Total time (years) UNFADING INK 25. Date (month and year) last must engaged in this work 26. Total time (years) spent in this work ..... spent in this work. WITH UNFADING a Separate Return 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living . (b) Born alive but now dead\_\_\_\_\_(c) Stillborg Before labor .... 28. If stillborn, months period of gestation. 29. Cause of stillbirth\_ During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was attail to a 2 2 ... m. on the date above stated. E PLAINLY child at birth, When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. \_\_\_\_\_ Midwife Give name added from a supplemental report\_\_\_\_\_ Address (DATE OF) 6-1 1933 General N Registrar. Registrar.

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9.—The industry of business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH JUN 1 2 1933 County of Thurs Falls No All A and West	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH
(If born in hospital or institution give name.)  FULL NAME OF CHILD	District No. 37 State File No. 1085Lecal Registrar's No. 19/
Sex of Child Twin Triplet and in order or other?    Sex of Child Twin Triplet or other?   and construction of birth construction of plural construction of plural construction of plural construction of plural construction of plural construction of plural construction of plural construction of plural construction of plural construction of plural construction of plural construction of the construction of t	birthe)  Legitimate?  Legitimate?  Date of 5 5 1933  (Month) (Day) (Year)
What prophylactic was used to prevent Ophthal	mia Neonatorum?
	oirth
Born alive but now dead	Stillborn
8 NAME Demitt Talue	FULL MAIDEN WOTHER NAME Residence (Usual place of abode).
Residence (Usual place of abode)	If non-resident, give place and State
Color or race All Age at last Birthday.	
Birthplace	Birthplace (City, and State or County)
CERTIFICATE OF ATTER	this child, who was Stillborn at
*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	(Physician or midwite)
child is one that neither breathes nor shows other evidence of life after birth.	Filed June, 9 <sub>19</sub> 33 June Registration

does substitute (no word "States and Date of city of the second and in second seco What proper was used to present the that alma Securatorius Township of this marper building present parcia, as there all a born ally a second Born o'll a but oo work of the control of the contr mentaline was not such as disease. Christoff and a straight a physical a contract I berein configuration furtageled the blifth of this which who was Milibours the flat above stated. fremere there was no attrodian discussion The transfer designed in or midwide, then the father no long to reic, should us day sents a sufficient county is an act and has briefles not referred by the section of the sec

DCCU. STATE OF IDAHO DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No..... City of..... Registration District No..... PHYSICIANS Primary Registration District No .... Local Registrar's No.... (If death occurred in a hospital or institution, give its name instead of street and number.) FULL NAME Residence. No..... (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred. mos. ds. How long in U.S., if of foreign birth? yrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, 3.SEX 4. COLOR OR RACE 21. DATE OF DEATH (month day, and y (write the word) or Divorced HEREBY CERTIFY, That I attended deceased certificate. ba. If maried, widowed, or divorced HUSBAND of (or) WIFE of to have occurred on the date stated above. 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance If LESS than Date of onser 7. AGE Dax/ Years Months 1 day, ..... hrs. min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... instruction Other contributory causes of importance: 11. Total time (years) 10. Date deceased last worked at spent in this this occupation (month and vear) 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation..... important. What test confirmed diagnosis 14. BIRTHPLACE (city or town) (State or country) If death was due to exter'icauses (violence/fill in also the following: MOTHER Accident, suicide, or homicide? 15. MAIDEN NAME Where did injury occur? 16. BIRTHPLACE (city or town) (Specify city of town county, and State) DEA' (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) OF Manner of injury 18. BURIAL, CREMATION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? (Address)

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EXAMPLE I		EXAMPLE II		
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year		
FOR FURTH	ER STATEMENTS BY PHYSICIAN			
	1915 1921 July 5, 1927 May 1, 1928	Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis  Other CONTRIBUTORY CAUSES of importance:		

The second 255-121-017-265 STATE OF IDAHO PLACE OF BIRTH JUN 1 2 1933 County of June Fall DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of\_. CERTIFICATE OF BIRTH 37 Registration District No .... \_State File No.\_\_\_\_ Prim. Registration District No. 2085 Local Registrar's No. 18.7 (If born in hospital or institution give name.) FULL NAME OF CHILD Office 8. Date of A PERMANENT RECORD. each, and the number of each, If plural 4. Twin, triplet, or other\_\_\_\_\_6. Premature\_\_\_\_7. Legitimate? Mes births (MONTH, DAY, YEAR) 5. Number, in order of birth\_\_\_\_ Full term\_\_\_\_ MOTHER 18. Full 9. Full FATHER maiden Blanche Sherlo name/ hard Beeso name Helena (If non-resident, give place and state) Twin fac 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_\_ 22. Birthplace (city or place) Brechmitge, min 13. Birthplace (city or place) Fox Home Minn (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, ខ្មីន kind of work done, as spinner, CCUPATION typist, nurse, clerk, etc\_\_\_\_\_ sawyer, bookkeeper, etc. \_\_ THIS and 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill. lawver's office, silk mill, etc.\_\_\_\_ sawmili, bank, etc. \_\_ 25. Date (month and year) last 16. Date (month and year) last 17. Total time (years) must engaged in this work 26. Total time (years) engaged in this work spent in this work.\_\_\_ WITH UNFADING a SEPARATE RETURN E spent in this work.... (At time of this birth and including this child) (a) Born alive and now living Q. (b) Born alive but now dead.... (c) Stillborn 1. Before labor\_\_\_\_ (.months 28. If stillborn. period of gestation or weeks 29. Cause of stillbirth peretra During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was stillbo 320 m on the date above stated. (BORN ALIVE OR STU When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. Give name added from Address Twin Falls, Idaho. a supplemental report (DATE OF) Filed May, 26 , 193 3 Lis, O Registrar.



JUN 1 2 1933 occo-STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No. Registration District No..... Local Registrar's No..... Primary Registration District No..... (No. (If death occupred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME Residence. No..... (Usual place of abode)

Length of residence in city or town where death occurred. yrs. o mos. o ds. How long in U. S., if of foreign birth? yrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, 3.\$EX 21. DATE OF DEATH (month day, and year) or Divorced (write the word) I HEREBY CER'TIFY, That I attended deceased from 193.3, to...., 193.... 5a. If maried, widowed, or divorced HUSBAND of I last saw h alive on 193 ....: death is said (or) WIFE of to have occurred on the date stated above, at 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance 7. AGE If LESS than were as follows: Date of onser Years Months 1 day. hrs. min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc...... OCCUPATION 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: 10. Date deceased last worked at | 11. Total time (years) spent in this
occupation this occupation (month and 12. BIRTHPLACE (city or town)..... (State or country) FATHER Name of operation ...... Date of ..... What test confirmed diagnosis? ...... Was there an autopsy? 14. BIRTHPLACE (city or town) (State or country) 23. If death was due to exter leauses (violence) all in also the following: MOTHER Accident, suicide, or homicide?...... Date of injury......., 193 15. MAIDEN NAME Where did injury occur? (Specify city or town county, and State) 16. BIRTHPLACE (city or town). (State or country) Specify whether injury occurred in industry in home, or in public (Address) 0 Manner of injury..... 18. BURIAL, GREN 193-3 Nature of injury CAUSE 24. Was disease or injury in any way related to occupation of deceased Y ..... If so, specify (Address)

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<u> </u>	
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Attack of epilepsy	1 week ago
Run over by street car	1 week ago
7 Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
HER STATEMENTS BY PHYSICIAN	
	causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis  Other Contributory causes of importance:  Gastroenteritis

# ECEIVED JUL 1 6 1933

NT RECORD. E	7. PHYSICIANS should state 1. Exact statement of OCCU-	County of Bannock City of Pocatello City of Pocatello City of Pocatello Registration District No Primary Registration District	STATISTICS F DEATH  State File No
	ACTLY ssified	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
₹G MA	ACT 1881	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month_day, and year) June 22, 193 3.
SINDING A PERMA	stated EXACTLY properly classified certificate.	Male White Single  5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw her alive on Sulform 195 + death is said
FOR H	or and	6. DATE OF BIRTH (month, day, and year) June 22, 1933 7. AGE Years Months Days If LESS than 1 day,hrs. or min.	to have occurred on the date stated above, at
SERVED INKTE	iE should it may be on back o	8. Trade, profession, or particular	Stellow Jugo
RE	pplied. AG 118, so that instruction	work was done, as silk mill, Infant saw mill, bank etc	Other contributory causes of importance:
<b>TARGIN</b> ONFADI		12. BIRTHPLACE (city or town) Posatello. (State or country) Idaho.	Mmefound
M. ITH U	E E Y	13. NAME Albert Raymond Miller 14. BIRTHPLACE (city or town)	Name of operation Date of Wastest confirmed diagnosis? Was there an autopsy?
3	car in p orta	(State of Courts)	23. If death was due to exter I causes (violence) all in also the following:  Accident, suicide, or homicide?  Date of injury
PLAINLY,	a H g	15. MAIDEN NAME Janette Ann Rogers 16. BIRTHPLACE (city or town) Salt Lake City, (State or country) Utah.	Where did injury occur? (Specify city or town county, and State)
		17. INFORMENT R. B. Rogers Pocatello, Idaho.	Specify whether injury occurred in industry in home, or in public place.  Manner of injury
TE	B O S	18. BURIAL, CREMATION OF REMOVAL Place Pocatello, Idano pate June 23, 193 3	Nature of injury
WRITE	information CAUSE OF PATION is	19. UNDERTAKER Arthur W. Hall (Address) Pocatello, Idaho.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify.
ć. B.:	., U H	20. FILED June 23, 193 . A Chargistrar.	(Signed) Pocatello, Idaho.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			***************************************
	••••••	· · · · · · · · · · · · · · · · · · ·	***************************************

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE JUL 10 BUREAU OF VITAL STATISTICS City of Year Dello CERTIFICATE OF BIRTH HANDON 4 State File No..... Registration District No..... Prim. Registration District No. 216 (Local Registrar's No. 250 (If born in hospital or institue of more than birth stated. tion give name.) 2. FULL NAME OF CHILD ... 8. Date of 4.Twin triplet, or other........... 6. Premature..... 7. Legitibirth > If plural case r of (Month, Day, Year) 3. Sex. mate? 106 Full term. 5.Number, in order of birth..... births MOTHER PERMANENT RECORD. N. B.-In and the number of each, in order 18. Full FATHER 9. Full maiden J namen name 19. Residence (usual place of abode) 774 (If non-resident, give place and State) Canalallo 10. Residence (usual place of abode) 774 N. (If non-resident give place and State) Landent Land 21. Age at last birthday 29 (years) 12. Age at last birthday 3( (years) 20. Color or race... 22. Birthplace (city or place). 11. Color or race... 13. Birthplace (city or place) Willon, Maniana (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, typist, Trade, profession, of kind of work done, as spinner at the spinner sawyer, bookkeeper, etc. 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, saw IS A 25. Date (month and year) last engaged in this work 26. Total time (years) last engaged in this work 17. Total time (years) 16. Date (month and year) for spent in this work.... made spent in this work. 27. Number of children of this mother PLAINLY WITH UNFADING I SEPARATE RETURN must be What prophylactic was used to prevent Ophthalmia Neonatorum? Before labor.... months 28. If stillborn. During labor..... or weeks 29. Cause of stillbirth.... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE Midwife at V A.m. on the date above stated. Address (Born Alice or Stillborn) When there was no attending physician or midwife, then WRITE Filed. Registrar. the father, householder, etc., should make this return.

child at birth,

one

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State File Non Registration Dignict No.... Princ Princetion District The control of the co 8. Date of Talk molet, or ether ... C. Fremature ... 7. Legitiaridarid Month Hay, Year) simple, in order of birth at Full term mute? A se MOTHER 18. Fuil maiden 🔥 19. kesidence (usual place of abode) Mendand lunes of single of state) (1 for resident these had State) and If non-resident, give place and state) va Age what Highland he (Year of 20. Color or race N ........ 31. Age at last bird 29. Birthalace (cite, see elecc) ..... Birthplace (city or place) Lillery 22. Trade, profession, or particular kind of work done, as hear theeper, typiete : .. Lander motes nurse, clerk, abe to beil Asperta 24. Industry or business in which sawyer, bedinger, other severe work was done, as owa home, 5. Industry or business in which, la wyer's office, silk mill, etc..... work was done, as silk mill saw, mill, bank, etc. .... Date (month and year) last engaged in this work 26. Total time (years) last garaged in this work in Total time (years) Date (month and year) agent in this work Line Earl Line Line Line apent in this work What prophylactic was used to prevent Ophthalmia Neonatorum Refore labor. Daring labor month 28. If stillbarn, hor weeks at Cause of stillinth nerled of entation. CORPORATOR OF ATTENDING PHYSICIAN OR MES Licertay certain the Lattender metales and this child stop of greed) Born Allveor Sittioent When there was no attending absolute or midselfe, then I 经自由的证 Filed. the fother, householder, etc., thould make this return.

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To be complete, an occupation return must state:

THE ABOVE TO S

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH No. IS A PERMANENT PARATE REFURN D Existration District No... State File No..... Prim. Registration District No. 2/3 Gocal Registrar's No. FULL NAME OF CHILD..... (If stiffborn, substitute the word "Stillbirth" for name of child) Number Twin Date of Legiti-Sex of Triplet in order birth or other? mate? Child (To be answered only in event of plural births) (Month) (Day) What/prophylactic was used to prevent Ophthalmia Neonatorugi? ..... Born alive but now dead......Stillborn ...... FULL MAIDEN NAME NAME Residence (Usual place of abode)...... If non-resident, give place and Stat It non-resident, give place and State Color or race 24 ablast Birthday Birthplace ..... Birthplace ...... (City and State or County) (City and State or County) Occupation ..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE® I hereby certify that I attended the birth of this child, who was Stillhorn on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, (Physician of midwife) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DOPARTMENT OF PROCEST WINE BUREAU OF VEAL BLANDING CERTIFICATE OF MIREIL Meriatration District No..... Prim. Reststration bistrict tion. Local Factor's No. CHIP SOME OF CHIP. Twin | Number | Legiti
Triplet and in order | Legiti
or others | or birth | marter | | lo etell blide What suchedaydir was used to prevent Calificatula Noonatorum? Minister of child within mother, including present birth..... (a) Bord alive and naw their Rorm wlive but thing dead ... JUUN MATDEN Color of tide promote the state state (unplace (Univanit mail one degute) Hrthplace. nei namage CERTIFICATE OF ATTEMPTING PHYSICIAN OR MINWIFF CONTRACTOR OF THE PARTY OF THE I hereby certify that I attended the birth or this child, who was i stilling On the date above stated (Stenature) (\*Witners there team no attending physician) or midwife, then the father, householder, etc. should make this rotters. A stillborn Addiese child is one that netther breather nor O shows other e theore of life after birth. • 

PHYSICIANS should state React statement of OCCU. STATE OF IDAHO PARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No. /2/ Primary Registration Distr PERMANENT RECORD. (No. (If death occurred in a hospital or institution Residence. No......(Usual place of abode) Length of residence in city or town where death occurred. classified. PERSONAL AND STATISTICAL PARTICULARS 5. Single Married, Widowed, or Divorced (write the word) 4. COLOR OR RACE 3.SEX BINDING certificate. 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) FOR Days If LESS than 7. AGE Years Months 1 day, ..... hrs. min. RESERVED 8. Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... instruction 11. Total time (years) 10. Date deceased last worked at spent in this this occupation (month and year) 12. BIRTHPLACE (city or town (State or country) See FATHER carefully 13. NAME important. 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME --WRITE PLAINLY DEATH 16. BIRTHPLACE (city or Jown (State or country) (Address) CAUSE OF 18. BURIAL, CREMATION PATION 19. UNDERTAKEI (Address) Registrar.

DO NOT WRITE IN THIS SPACE

State File No.

Local	Registrar's	No. 8.9.
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i	t No. Local Registrar's No. C	5 <i>J. a</i>
	give its name instead of street and number.)	6
2	ds. How long in U. S., if of foreign birth? yrs.	and state) mos. d
I	MEDICAL CERTIFICATE OF DEATH	
	21. DATE OF DEATH (month day, and year)	/5~ 193.3
I HEREBY CERTIFY, That I agended deceased  18.5. to		
	The principal cause of death and related causes of i were as follows:	Date of ons
ľ	<i>D</i>	
ŀ	Bronsteyn 7 Mariths	
Į,		
ŀ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ļ		
	Other contributory causes of importance:	
١		
l		
	Name of operation Mul Date	of1
What test confirmed diagnosis?		n autopsy?
		the following
		ury, 19:
Where did injury occur? (Specify city or town county, and State)  Specify whether injury occurred in industry in home, or in pub.		
	Manner of injury	
ľ	Nature of injury	
ш	04 Was disease or injury in any way related to occupation	n of deceased

## UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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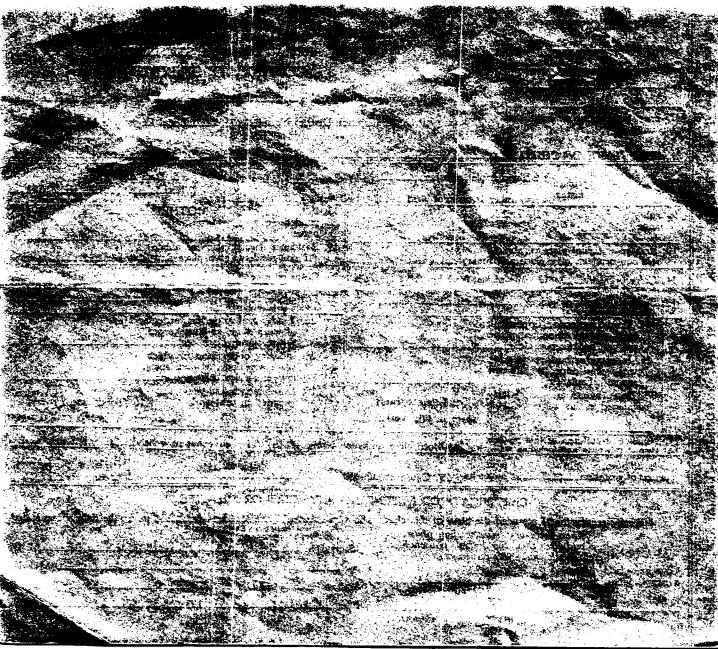
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

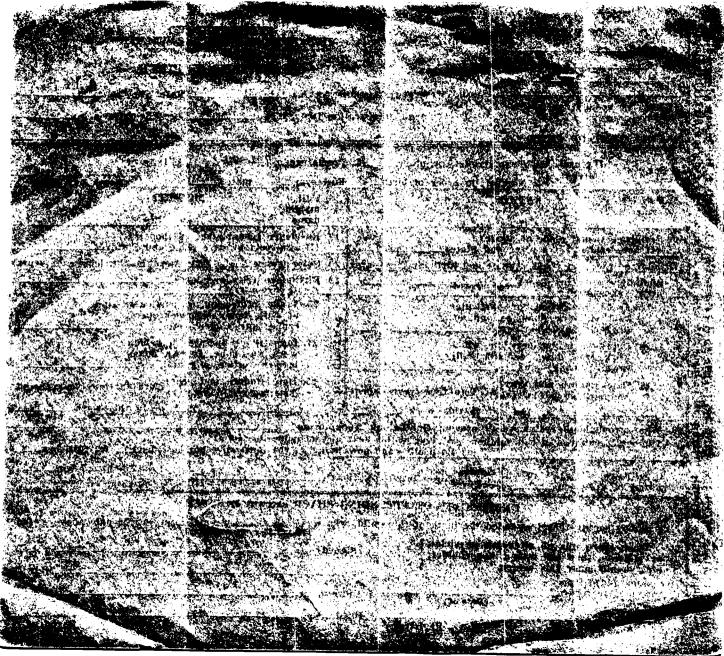
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Other CONTRIBUTORY CAUSES of importance:	May 1, 1925	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE 1	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS CERTIFICATE OF BURTH 212946 City of\_ No. Registration District No. State File No.\_\_\_ Local Registrar's No. 206 ᢐ (If born in hospital or institution Prim. Registration District No. give name.) momia FULL NAME OF CHILD. 8. Date o 4. Twin, triplet, or other\_\_\_\_\_ 6. Premature.... 3. Sex If plurai birth. births Full term 5. Number, in order of birth\_\_\_\_ (MONTH, DAY, YEAR) MOTHER 18. Full FATHER 9. Full maiden name PERMANENT ch, and the numb name 10. Residence (usual place of about finon-resident give place and State Mark Residence (usual place of about 2 a (If non-resident, give place and 20. Color or race 21. Age at last birthday 12. Age at last birthday (years) 11. Color or race 13. Birthplace (city or place) 22. Birthplace (city or place) (State or country) (State or country) Z ğ 23. Trade, profession, or particular kind 14. Trade, profession, or particular 5.2 kind of work done, as spinner of work done, as housekeeper. OCCUPATION typist, nurse, clerk, etc\_\_\_\_\_ THIS sawver, bookkeeper, etc. \_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc.\_ sawmili, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last | WITH UNFADING INF a Separate Return must engaged in this work 26. Total time (years) spent in this work ..... spent in this work\_\_\_\_. 27. Number of children of this mother Born alive and now living (b) Born alive but now dead (c) Stillborn (... (At time of this birth and including this child) Before labor \_\_\_\_\_ 28. If stillborn. months or weeks 29. Cause of stillbirth\_\_\_\_\_ period of gestation\_\_\_ During labor\_\_\_\_ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 10.00 m, on the date above stated. I hereby certify that I attended the birth of this child, who was LEORN ALIVE OR STILLE When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report\_\_\_\_\_ (DATE OF) Registrar. Registrar.



ED JUL STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BURBAU OF VITAL STATISTICS 213046 CHY OF CERTIFICATE OF BIRTH No.. Prim. Registration, District, No. 213 (If born in hospital of institu-....Local Registrar's Now V tion give name.) FULL NAME OF CHILD N. B.-4. Twin, triplet, or other............ 8. Premature 7. Legiti-8. Date of [f plural }. Se≖ births mate! Full term ..... number of 5. Number, in order of birth..... (Month, Day, Tany MOTHER 9. Full FATHER 18. Full maiden name name (If non-resident, give place and State) Llem Lie. 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) LLAN PERMANENT each, and the 20. Color or race. W. Likel. Age at last birthday 2.7. (years) 11. Color or race White 12. Age at last birthday 1.4 (years) 13. Birthplace (city or place) West Joseph 22. Birthplace (city or place) 2 (State or country) (State or country) 14. Trade, profession, or particular kind of work done, as spinner, 23. Trade. profession, or particular kind of work done, as housekeeper typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as own home. work was done, as silk mill OCCUP. sawmill, bank, etc. taken 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent 2 must in this work 10 Heers MMI 19.3.3 in this work..... UM 194 2 What prophylactic was used to prevent Ophthalmia Neonaporum? 28 Number of children of this mother (At time of this birth and including this mil (a) Born alive and now living 21...(b) Born alive but now dead......(c) Stillborn...... Before labor..... months 29. lf stillborn, or wooks 30. Cause of stillbirth.... period of gestation During labor..... CERTIFICATE OF ATTENDING PHYSICLE I hereby certify that I attended the birth of this child, who was When there was no attending physician / (Signed) ..... or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report...... Address



## UNITED STATES STANDARD CERTIFICATE OF DEATH

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			•••••••

PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No..... .....State File No..... Prim. Registration District No. 1006 Local Registrar's No. 136 (If born in hospital or institution give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Legiti-Date of Sex of and in order Triplet birth Child or other? mate? (To be answered only in event of plural births) (Month) (Day) (Year) FULL MAIDEN FULL NAME .. Residence (Usual place of abode) 2015-31 If non-resident, give place and State..... It non-resident, give place and State Color or race..... Color or race .. (Years) Birthplace 772 P(City and State or County) Manufaccupation Thank CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) \*Where there was no attending physician WRITE or midwife, then the father, householder. (Physician/og midwife etc., should make this return. A stillborn child is one that neither breathes nor Address .... shows other evidence of life after birth.

HAMIN GO MOAPI STATE OF IDAGO DEPARTMENT OF PHILLIC WILLIAM BUNKAR'OF VITAL STATISTICS 831313**8** CERCEPTOATES OF BIRTH . Print. decisiration District No. CHH) TO SEAR LATE If stillborn, substitute the word "stillbight" for name of chills im elmi Legitie Triplet and in order Of high backs of the stantest backs. (Munth) Lear prophelacile was used to prevent Ophthaluia Neonatorum? .... PATHEC MOTHER Manufacer ( Usual playe of aborde Lamber of the contract of the County for room a part with a thirthday and a color or race at the strength at the Brenday a (4350X) Enthantace (Common on Common) (City and seats or (murty) motion with the state of the st CERTIFICATE OF TURNISHE PHYSICIAN OF MEDICAL Al breshs certify that I savended the birth of this child, who west skillborn dat distant date above stated. (Sulan, 3) Where there was no attending obvairian or midwife, then the father, householder, trees should make this return. A stillborn child is one that nelther breathes nor Address shows other evidence of life after birth.

RECEIVED JUL 1 0 1933 DEPARTMENT OF PUBLIC WELFARE DO NOT WLITE IN THIS SPACE PLACE OF DEATH BUREAU OF VITAL STATISTICS County of. CERTIFICATE OF DEATH State File No. Registration District No. 7 City of ..... Local Registrar's No. Exact statemen EXACTLY. Primary Registration District No. 1006 (If death occurred in a hospital or institution, give its name instead of street and number.) (a) Residence. No.... PERMANENT (Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred. ould be sta classified. How long in U. S., if of foreign birth? mag PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 8. SEX should COLOR OR RACE Single, Married, Widowed, 16. DATE OF DEATH or Divorced (write the word) 5a. If married, widowed, or divorced (Year) HUSBAND of AGE 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) that I last saw h alive on 7. AGE Months Davs If LESS than and that death occurred, on the date stated above, at 125 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) (duration) \_\_\_\_\_yrs. \_\_\_\_mos. \_\_\_ BIRTHPLACE (city or town (State or country) 18. Where was disease contracted if not at place of death? 10. NAME OF FATHER Did an operation precede death? MD Date of Was there an autopsyl 11. BIRTHPLACE OF FATHER (city or to OF DEA (State or Country) What test confirmed (Signed) 12. MAIDEN NAME OF MOTHER AUSE 18. BIRTHPLACE OF MOTHER (city or town \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or Country) Place of Burial. Cremation, or Removal Date of Burial 2 (Address) 20. Undertaker Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia." unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse" "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always conditions disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis." etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

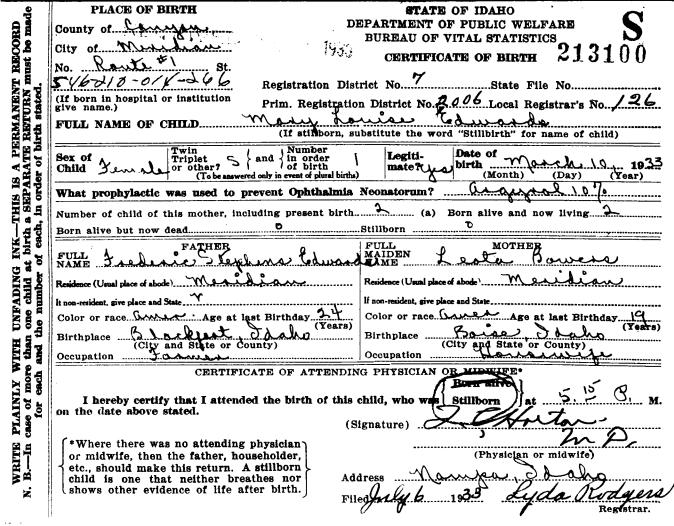
Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

midwife.





POPPERTARE MATERIAL CHARGE Heristrution Diright No. ov olly one Beim, Auglacia District No. Level Buttage No. (Healthourn, substitute the word "Sille and Cornemes of miles-Number and in erfer of blyth Logiti- Inte of Train of the bridge of the bri (Months) (D) estables of chiefe mounts including present by the (a) there also and now listing men bilve but our dead ..... Bedging Charles of both on the both the state of the state place with the High phages .... Them give O'ly und Right or County (City and State or Colored) Occupation CRRTICATE OF STEENISHE PHYSICIAN OR MAINTEN

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on the diste above stated.

Correction.

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nan	1. PLACE PLACE NOTE IN THE STATE OF IDAHO
9	County of County
ate o	City of Youngan CERTIFICATE OF BIRTH 213109
h of s	No. Would St.
big	Registration District NoState File No
r In	(If born in hospital or institution give name.)  Prim. Registration District No. 2006 Local Registrar's No. 140
N. B.	2. FULL NAME OF CHILD "SKillbarn" Melson
Ωď	3. Sex If plural 4. Twin, triplet, or other 5 6. Premature 7. Legiti- 8. Date of
ORD	3. Sex   If plural 4. Twin, triplet, or other 5. Number, in order of birth   Full term   mate?   birth   wonth, day, year)
REC er of	9. Full FATHER 18. Full MOTHER
	name Clarer Mc Kirley Melan mane tella Viola Richards
	10. Residence (usual place of abode)
PERMANENT h, and the numb	(If non-resident, give place and State)
and	11. Color or race Own 12. Age at last birthday 38 (years) 20. Color or race Gran 21. Age at last birthday 21 (years)  13. Birthplace (city or place) West Rout 12. Birthplace (city or place) St. Color of race Gran 22. Birthplace (city or place)
A Pl	(State or country)
IS /	14. Trade, profession, or particular kind of work done, as spinner,
	sawyer, bookkeeper, etc
THIS made	15. Industry or business in which work was done, as silk mill, \( \) 4 work was done, as own home, \( \)
실	lawyer's office, silk mill, etc
INK	engaged in this work 17. Total time (years) engaged in this work 26. Total time (years)
ADING	spent in this work 2.3
RET	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living
ATE R	28. If stillborn, no months Before labor
~× +	
WITH a Sepa	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
≱ a 	I hereby certify that I attended the birth of this child, who was Still of the attended the birth of this child, who was Still of the attended the birth of this child, who was Still of the attended the birth of this child, who was Still of the attended the birth of this child, who was Still of the attended the birth of this child, who was Still of the attended the birth of this child, who was Still of the attended the birth of this child, who was Still of the attended the birth of this child, who was Still of the attended the birth of this child, who was Still of the attended the birth of this child, who was Still of the attended the birth of this child, who was Still of the attended the birth of this child, who was Still of the attended the birth of this child, who was Still of the attended the birth of this child, who was Still of the attended the birth of the attended the birth of the attended the birth of the attended the birth of the attended the attended the birth of the attended the a
EE	(When there was no attending physician) or midwife, then the father, householder, (Signed)
AINI	{ etc., should make this return. }
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HH	Filed July 6 1933 Lyder Kalgers
× °	Registrar. Registrar.

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<b>702 !.</b> 11	STAT	E' OF IDAHO
PA	RECEIVED IUL 10 1999 PARTMENT	OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE
700.	- PLACE OF DEATH BUREAU OF	VITAL STATISTICS 84000
	CERTIFIC	ATE OF DEATH State File No
H	County of Consultation Distriction Distriction	et No 7
4 5 E		on District No. 2006 Local Registrar's No. //
ne.		• •
at E	(No(If death occurred in a hospital or institu	tion, give its name instead of street and number.)
EXACTLY, act statemen	"C 1011 " ~N	elson
r RECORD ed EXACTLY, Exact statement	2. FULL NAME SECTION NAME	
E E E	(a) Residence. No	(If nonresident give city or town and State)
ENT   stated d. Ex	Length of residence in city or town where death occurred. yrs.	mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERMANENT tould be state r classified. F	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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PERM hould ly class	male answer or Divorced (write t	
IS A P AGE sho properly		(Month) (Day) (Year)
S A	5a. If married, witlowed, or divorced HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from
AGE prope		33 Aut 1 lost sour b slive on Johns 24, 1933
92 g	The state of the s	that I last bay it
ied ied	7. AGE Years Months Days If LESS	hrs, or
T dd is		
VG INK—TH Ily supplied. that it may be certificate.	8. OCCUPATION OF DECEASED	Transmission of
S Par	(a) Trade, profession, or A	
UNFADING be carefull erms, so the	(b) General nature of industry.	
NFAI e car ms, s back	business, or establishment in	(duration)mosds.
Zale	(c) Name of employer	CONTRIBUTORY (Secondary)
_ <del></del>		(duration) yrs. mos. ds.
WITH should plain iction	9. BIRTHPLACE (city or town) Rosste Mallage	
	(State or country)	if not at place of death?
E PLAINLY, information )F DEATH in nt. See instru	10. NAME OF FATHER	Did an operation precede death?
Tat I	11 DIRMITE ACT OF PATHER (site on town)	Was there an autopsy?
AIN ormat EAT	State of Country)  State of Country)  12. MAIDEN NAME OF MOTHER  12. MAIDEN NAME OF MOTHER  12. MAIDEN NAME OF MOTHER	What test confirmed diagnosis?
PL info	a wat our remarks	(Signed) , M. D.
	12. MAIDEN NAME OF MOTHER	CAULICES)
ort o	13. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
WRITE item of i AUSE OF important	(State or Country)	whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
~O ~	14. C. I me Kill he	19. Place of Burial, Cremation, or Removal Date of Burial
Every state C is very	Informant O Colored The Colored	193
E ST. E	(Address) Route Mellia, da	20 Tella I dalc June 26,
V. B hould TION	16. Filed June 29, 1923. Lyda Rod	C. M. C. M. C.
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STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

PLACE OF BIRTH STATE OF IDAHO N. B.—In **case of more that** each, in order of birth stated DEPARTMENT OF PUBLIC WELFARE County of Caraca BURBAU OF VITAL STATISTICS City of Oc. Rose CERTIFICATE OF BIRTH Registration District No. \_\_\_\_\_\_ State File No. \_\_\_\_\_ (If born in hospital or institu-Prim. Registration District No. 2/9 6 Local Registrar's No. 7 tion give name.) 2. FULL NAME OF CHILD 7. Legiti-If plural 8. Date of 3. Sex births birth Practice Full term.... 5. Number, in order of birth..... mate? RECORD. MOTHER 9. Full FATHER 18. Full maiden name name muna Chine 10. Residence (usual piece of abode) 19. Residence (haus) place of abode) (If non-resident, give place and State). (If non-resident, give place and State) PERMANENT each, and the 20. Color or race with | 21. Age at last birthday 20. 11. Color or recent [12] 12. Age at last birthday...... (years) 22. Birthplace (city or place). Do. Do. 13. Birthplace (city or place) Ca Ca (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper typist, nurse, clerk, etc. kind of work done, as spinner, CUPATION be made for e 24. Industry or business in which 15. Industry or business in which work was done, as silk mill. work was done, as own home. lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent INK-19 in this work 19 in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Tallo 3. WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead......(c) Stillborn...... Before labor..... months 29. If stillborn. During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was land 16.11 et 17 m, on the plate above stated. When there was no attending physician / (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Address 뎡 une 20 1983 Lama Registrar.

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STATE OF IDAHO DO NOT WRITE IN THIS SPACE RECORD. Every item of Y. PHYSICIANS should ACE OF DEATH PARTMENT OF PUBLIC WELFARE Exact statement BUREAU OF VITAL STATISTICS State File No..... Registration District No..... Primary Registration District No. 2/96 Local Registrar's No.... (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME..... (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. Length of residence in city or town where death occurred. yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow-193 3 21. DATE OF DEATH (month, day and yea ed or Divorced (write the word) That I attended deceased from 22. I HEREBY 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of T93...: death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-7. AGE Months If LESS than Days tance were as follows: 1 day,... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc ...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc...... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation ...... 12. BIRTHPLACE (city or town) (State or country) carefull Date of .... Name of operation. 14. BIRTHPLACE (city or town) What test confirmed diagnosis? (State or country) information should be state CAUSE OF DEA 23. If death was due to exter'l causes (violence) fill in also the following: 15. MAIDEN NAME Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or Where did injury occur?..... (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place, ..... 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?. (Address) 20. FILED May 18 1933. Laura (Address)

## UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EVAMDIE

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

stated.	1. PLACE OF BIRTH EIVED JUL 13	DEPARTMENT OF STATE O	
e of more of birth st	No.	CERTIFICATE OF BIRTH 213144	
oto		n District NoState File No	
In case	tion give name.) Prim. Regi	stration District No. 2/96 Local Registrar's No. 9/	
r a	2. FULL NAME OF CHILD		
-H. B.	8. Sex lifplural 4. Twin, triplet, or other 5. Number, in order of birth	DIFTH CRACKET AND ADDRESS OF THE PARTY OF TH	
ë e	9. Full FATHER	18. Full MOTHER	
	name Edward Homer Steward	maiden name deta Ed na drank	
IT RECORD.	10. Residence (usual place of abode) . Q	19. Residence (usual place of abode) (If non-resident, give place and State)	
EN	11. Color or race white 12. Age at last birthday 32 (year	are) 20. Color or race. Make 21. Age at last birthday (years)	
AL an	13. Birthplace (city or place)		
A PERMANENT or each, and the		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
THIS IS A	sawyer, bookkeeper, etc	typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
- ا	16. Date (month and year) last engaged in this work 17. Total time (years) s	pent 25. Date (month and year) 26. Total time (years) spent last engaged in this work	
INK-	19 in this work	Negratorism?	
SI E	27. What prophylactic was used to prevent Ophthalmis 28. Number of children of this mother (At time of this		
48	27. What prophylactic was used to prevent Ophthalmia Neonatorum?  28. Number of children of this mother (At time of this birth and including this child)  (a) Born alive and now living(b) Born alive but now dead(c) Stillborn  29. If stillborn, period of gestation		
H			
_	I house, some	ild, who was the fillborn of the date above stated.	
TE PLAINLY	When there was no attending physician or midwife, then the father, householder, etc., should make this return.	(Signed) Midwife	
FILE	Give name added from a supplemental report	Address Burlay - 2 delo	
ET e	a supplemental report (Date of)	Filed June 20, 1983 Laura Grees	
WRITE	Registrar.	Registrat.	
1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		



A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.--Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient. e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as Day laborer. Farm laborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"); Diptheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS-Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

e	PLACE OF BIRTH	STATE OF IDAHO	
made	County of Preston	EPARTMENT OF PUBLIC WELFARE	
<u>8</u>	City of Preston	BUREAU OF VITAL STATISTICS	
	NoSt.	CERTIFICATE OF BIRTH 213195	
	Registration Dist	rict No. 27 State File No.	
E E		on District No2//9Local Registrar's No.//4	
RETU th sta	FULL NAME OF CHILD Stillbirth (If stillborn, st	abstitute the word "Stillbirth" for name of child)	
a SEPARATE RETURN must in order of birth stated.	Sex of Triplet and In order of birth (To be answered only in event of plural birth)	Legiti-mate? Yes Date of birth June 6 (Month) (Day) 1933 (Year)	
PAR der	What prophylactic was used to prevent Ophthalmia No	eonatorum? Silver Nitrate	
SE	Number of child of this mother, including present birth		
e i	Born alive but now dead	Stillborn 1	
at birth of each,	FATHER FULL Leorin Crook	FULL MOTHER MAIDEN Alta Hebden	
2 d	Residence (Usual place of abode) Weston, Ida.	Residence (Usual place of abode) Weston, Ida	
E E	If non-resident, give place and State	If non-resident, give place and State	
ng ng	Color or race White Age at last birthday (Young)		
the	Birthplace Fish Haven Ida (Years) (City and State or County)	Birthplace Thaybe Wyo. (Years) (City and State or County)	
E F	Occupation Farmer		
ch a	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		
case of more than one child for each and the number	I hereby certify that I attended the birth of this	child, who was (Stillborn at 22.M. M.	
se of	on the date above stated.	Clind, The Was (Stilled III)	
		ature)	
rl I	(*Where there was no attending physician or mid- wife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life	(Physician or midwife)	
ë.	(after birth. ) Addr	ess Preston Idaho	
Z	Filed	July 8 19.33 ( ) Wall	

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cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"): Diptheria (avoid use of "croup"): Typhoid Fever (never report Typhoid pneumonia"): Lobar Pneumonia: Bronchopneumonia ("pneumonia," unqualified, is indefite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma. Sarcoma. etc., of ................ (name origin); "Cancer" is less definite: avoid use of "Tumor" for malignant neoplasms; Measles: Whooping Cough: Chronic valvular heart d'sease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death). 29ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy." "Collapse." "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus." "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

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Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 2132 County of RECORD the CERTIFICATE OF BIRTH Bud State File No. Registration District No.... each, Prim. Registration District No. 2177 Local Registrar's No. 240 (If born in hospital or institution PERMANENT give name.) for 2. FULL NAME OF CHILD made 8. Date of 3. Sex If plural birth births Full term(10) mate? [1] 5. Number, in order of birth (MONTH, DAY, YEAR) must MOTHER 18. F@1 **FATHER** 9. Full maiden name name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If pon-resident give place and State) -THIS 21. Age at last birthday 11. Color or/hachille 12. Age at last birthday & 5 1 tyears 20. Color or rate Ilai SEPARATE in order of birt 22. Birthplace (city or place) \_\_\_ 13. Birthplace (city or place) \( \square\) (State or country) (State or country) 23. Trade, profession, or particular kind INK 14. Trade, profession, or particular of work done, as housekeeper, Hows - Wy sawyer, bookkeeper, etc. \_\_\_\_ OCCUPATION PLAINLY WITH UNFADING 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc.\_\_ sawmill, bank, etc. 25. Date (month and year) last 16. Date (month and year) last engaged in this work Total time (years) 26. Total time (vears) engaged in this work spent in this work.\_\_\_\_ ğ spent in this work... 19.5 child (At time of this birth and including this child) (a) Born alive and now living (a) Born alive but now dead (c) Stillborn 29. Cause of stillbirth Construction Before labor 28. If stillborn. months period of gestation\_\_\_ or weeks During labor than CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE more \_\_\_ m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ) 7 or midwife, then the father, householder. (Signed) \_\_ WRITE etc., should make this return. Midwife Give name added from a supplemental report\_\_\_\_\_\_ Address \_ (DATE OF) Filed\_\_\_\_ Registrar. Registrar.

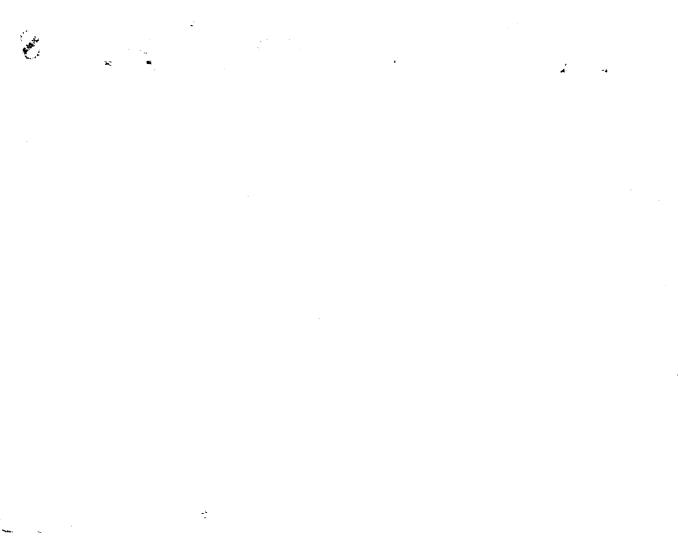
Pag

2 No. 2

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14.

PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of.... BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No.....State File No..... (If born in hospital or institution Prim. Registration District No.....Local Registrar's No..... give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Date of Sex of Legiti-Triplet and 4 in order birth mate?(h) Child or other? (To be answered only in event of plural births) (Day) (Month) (Year) What prophylactic was used to prevent Ophthalmia Neonatorom? O Stillborn O Born alive but now dead...... FULL Residence (Usual place of abode) If non-resident, give place and State\_\_\_\_\_ It non-resident, give place and State Color or race......Age at last Birthday (Years) Birthplace ........ (City and State or County) (City and State or County) Occupation Admin 1 Occupation farmer CERTIFICATE OF ATTENDING PHYSICIAN OB MIDWIR I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) .... \*Where there was no attending physician or midwife, then the father, householder. (Physician or midwife) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



FORM V. S. No. 5-A-25MG-EIVED JUL CERTIFICATE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE PLACE OF DEATH XACTLY, PHYSICIANS shoustatement of OCCUPATION BUREAU OF VITAL STATISTICS Registration District No. County (12 State File No. Primary Registration District No............ City of OMMINI Local Registrar's No..... If death occurred in a hos-If death occurs away from usual residence, give facts pital, institution or camp, called for under special ingive its NAME instead of formation. street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 0 4. COLOR OR BACE 5. SINGLE, MARRIED, WID-16. DATE OF DEATH) (Month) (Year) I HEREBY CERTIFY, That I attended deceased from 17. t list 19 to 19 , (Month) (Day) (Year) 7. AGE IF LESS than 1 day how many .....hrs. or The CAUSE OF DEATH\* was as follows: 8. OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or establishment in which employed (or employer)..... (Secondary) delivery .....(Duration) ....! (Signed) In Change 10. NAME OF 6/1919 3 3 (Address) V Father 11. BIRTHPLACE \*State the Disease Causing Death: or in deaths from Violent OF FATHER Causes, state (1) Means of Injury; and (2) whether Accidental, (State or Country) Suicidal or Homicidal. 12. MAIDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) 13. BIRTHPLACE At place In the OF MOTHER of death.....yrs.....mos......days. State.....yrs.....mos......ds. (State or Country) Where was disease contracted if not at place of death?..... CAUSE OF important. Former or (Informant) Am usual residence 15.

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Pen

SRMANENT RECORD be made for each, and the number	(The home to heartful on to the stand	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 213325  District No
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each of each, in order of birth, stated.	28. If stillborn, period of gestation 22 20 (ause of stillbird)  CERTIFICATE OF ATTENDIN  I hereby certify that I attended the birth of this child, who (are the father, householder, better, should make this return.  Give name added from a supplemental report (DATE OF)	18. Full MOTHER  19. Residence (usual place of abode) (If non-resident, give place and State)  20. Color or race While 21. Age at last birthday 2. (years 22. Birthplace (city or place) Mortual 21. Age at last birthday 2. (years (State or country)  23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work  26. Total time (years) or place 2. (c) Stillborn 1. (d) Before labor 1. (d) Material 1. (e) Before labor 1. (e) During labor.  27. During labor.  28. Birthplace (city or place) Mortual kind of work done, as housekeeper, typist, nurse, clerk, etc.  29. Birthplace (city or place) Mortual kind of work done, as housekeeper, typist, nurse, clerk, etc.  20. Color or race While 21. Age at last birthday 2. (years 2.)  28. Grand Residence (usual place of abode) (If non-resident, give place and State) While 21. Age at last birthday 2. (years 2.)  29. Color or race While 21. Age at last birthday 2. (years 2.)  20. Color or race While 21. Age at last birthday 2. (years 2.)  20. Color or race While 21. Age at last birthday 2. (years 2.)  21. Age at last birthday 2. (years 2.)  22. Birthplace (city or place) Mortual 2. (years 2.)  23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work  26. Total time (years) 2.  27. Birthplace (city or place) Mortual 2. (c) Stillborn 2.  28. Birthplace (city or place) Mortual 2. (e) Stillborn 2.  29. Date (month and year) last engaged in this work 2.  20. Date (month and year) last engaged in this work 2.  21. Date (month and year) last engaged in this work 2.  22. Date (month and year) last engaged in this work 2.  23. Trade, profession, or particular kind 2.  24. Industry or business in which work 2.  25. Date (m

on pain one was A Train Company of the Company Little branch and salt W. A MULTINATURE OF THE PARTY OF T Column to Light to the Column Mention of the second The manager of a regular The second of the second of the transmit of the party The state of the s Company of the Month of the Company ( Day ( Dog to the or of the part) and we will stronge Di Bonn al collad condi dead. DESCRIPTION AND DESCRIPTION OF THE PROPERTY OF The state of the s i mindle to beak on a colinarie The state of the s The interest of the state of th والمنافية المنافية المنافية المنافية المنافية

	STATE OF I	DAHO		
PLACE OF DEATH ~	DEPARTMENT OF PU		DO NOT WRITE IN THIS SP	ACE
County of some	BUREAU OF VITAL		9400=	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CERTIFICATE (	OF DEATH	State File No. 84985	l
City of Promi	Registration District No			
$\vee$	Primary Registration Distr	rict No	Local Registrar's No	•••••
2. FULL NAME Bole	(Nourred in a hospital or institution	give its name instead	of street and number.} 206	
(a) Residence. No	ere death occurred. yrs. mos	ds. How long in U	(If nonresident give city or town and s J. S., if of foreign birth? yrs. mos	tate)
PERSONAL AND STATIST	ICAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DEATH	
3.SEX 4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH	1 (month day, and year) 6-4	193 7
J'amole While	of Divorced (write the word)		CER'TIFY, That I attended deceased from	_ <del></del>
5a. If maried, widowed, or divorced HUSBAND of	- 0		, 193 , to June 4	<b>, 1</b> 93. <b>3</b>
(or) WIFE of		I last saw Tolk		h-ie-sai
6. DATE OF BIRTH (month, day, and 7. AGE Years Months	Days If LESS than 1 day, hrs.	to have occurred on The principal cause were as follows:		tance e of onse
8. Trade, profession, or particula	or min.	of mod	her	
	ř,	<b>1</b>		
9. Industry or business in which				•••••
work was done, as silk mill, saw mill, bank, etc				******************************
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Other contributory	causes of importance:	
12. BIRTHPLACE (city or town)	Jerong aloro			
E 13. NAME EL R	oberto	Name of operation	Date of	******
14. BIRTHPLACE (city or town).		11	diagnosis? Was there an auto	
(Maic or country)	nichigen		exterIcauses (violence) fill in also the fol	
15. MAIDEN NAME Wilms	Chiltropher	Accident, suicide, or h	nomicide? Date of injury	, 193
15. MAIDEN NAME Wilm.  16. BIRTHPLACE (city or town)  (State or country)		Where did injury or	ccur? (Specify city or town county, and Stat	ta)
(State or country)	Cilotena	[]	ry occurred in industry in home, or in	•
17. INFORMENT Ed Ro	berts_	place.		. panel
(Address)	TRONG	1		
18. BURIAL, CREMATION, OR REMO	Darges J., 1993	Nature of injury		
19. UNDERTAKER (Address)	Villey Hahr	1	iry in any way related to occupation of de	eceased'
20. FILED 6/23, 1933	Chro Freller.	(Signed)	Calabelle	<b>, M.</b> D

MARGIN RESERVED FOR BINDING

#### UNITED STATES STANDARD CERTIFICATE OF DEATH.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a pason engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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#### EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of onset Date of paset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

8/3./25/829-PLACE OF BIRTH STATE OF IDAHO County of Later DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 213362 CERTIFICATE OF BIRTH Prim. Registration District No. 1011 Local Registrar's No. 65 (If born in hospital or institution give name.) Ronald Thos. Le 2. FULL NAME OF CHILD. If plural 4. Twin, triplet, or other\_\_\_\_\_6. Premature\_\_\_\_7. Legiti-8. Date of 3. Sex hirth births 5. Number, in order of birth\_\_\_\_ Full term mate?\_\_ (MONTH, DAY, YEAR) 9. Full FATHER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and state)\_\_\_\_\_ 11. Color or race W: 12. Age at last birthday 2 4 (years) 20. Color or race W. 21. Age at last birthday 26 (years) 13. Birthplace (city or place) 22. Birthplace (city or place) hashingt (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, CCUPATION typist, nurse, clerk, etc. dure sawyer, bookkeeper, etc. \_\_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as silk mill, work was done, as own home. lawyer's office, silk mill, etc.\_ sawmill, bank, etc. \_ WITH UNFADING INK a Separate Return must 16. Date (month and year) last 25. Date (month and year) last 17. Total time (years) 26. Total time (years) 2/2 engaged in this work engaged in this work spent in this work... 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Q. (b) Born alive but now dead Q. (c) Stillborn 28. If stillborn. months Before labor\_ period of gestation\_\_\_\_\_\_ or weeks 29. Cause of stillbirth During labor\_4 CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE I hereby certify that I attended the birth of this child, who was A letter above stated. BORN ALIVE OR STILLBON When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. , Midwife Give name added from a supplemental report\_\_\_\_\_\_ Address (DATE OF) Registrar. Registrar.

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item of ld state	PLACE OF DEATH County of atah	STATE OF ID DEPARTMENT OF PUB BUREAU OF VITAL S	BLIC WELFARE	DO NOT WRITE IN TH	IIS SPACE
	-	CERTIFICATE O	F DEATH	State File No	
Ý S Z	City of PCSCCW	Registration District No Primary Registration Distric	6 / ct No. /0//	Local Registrar's No	37
RECORD. PHYSICIAN	2. FULL NAME Baby H	•			, 3 - 9
Z.	Length of residence in city or town wh	ere death occurred. yrs, mos.	ds. How long in U	(If nonresident give city or town J. S., if of foreign birth? yrs.	n and state) mos. ds.
NEN LY.	PERSONAL AND STATIST	ICAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DEATH	
₹:	3.SEX 4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH	I (month day, and year) June	24 1933
DING ERMA EXAC	. Male White	of Divorced (write the word)	22. I HEREBY (	CERTIFY, That I attended decea	ased from
BINDING A PERM.	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of			e on, 193, to, 193	· ·
JR H IS / e stat	6. DATE OF BIRTH (month, day, and	Days If LESS than		of death and related causes of	
ED FC. THIS	O 7. AGE Tears Months	1 day, hrs.	Lattende Will	I buth of	Date of onser
<b>₽</b> ∄ ₹		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at 11. Total time (years)		eatherdenty	
ESER GINE AGE	9. Industry or business in which work was done, as silk mill, saw mill, bank etc.			aproblem conduring abor	
RGIN R FADIN	vear)	spent in this occupation	Other contributory	causes of importance:	
AARGIN UNFAD	(State or country)	Mcsccw. Ids.			
		[alpin	Name of operation	Date	e of
WITH irefull	Tatala of Councy	Pullman, Wash.		diagnosis? Was there exter'Icauses (violence) fill in also	
	15. MAIDEN NAME Jean	Durham	Accident, suicide, or l	nomicide? Date of in	jury, 193
PLAINLY should be		oclfax. Wash.		ccur? (Specify city or town county, a	
PLAIN n shoul	(Address) 5. a		place.	ry occurred in industry in hom	
	IN DESCRIPTION OF PERSON	· · · ·			
WRITE informatio	19. UNDERTAKER	w gdie	24. Was disease or inju	iry in any way related to occupati	on of deceased?
E E	20. FILED July 6., 1933. 7	Registrar.	(Signed)(Address)	moriow the	, M. D.
F4	,				

#### UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 21 County of 3369 CERTIFICATE OF BIRTH State File No.\_\_\_\_ Registration District No..... Local Registrar's No. 57 1011 (If born in hospital or institution Prim. Registration District No.\_\_ give name.) N. B.—I H1.11harr FULL NAME OF CHILD 8. Date of If plural 4. Twin, triplet, or other\_\_\_\_\_6. Premature\_\_\_\_7. Legiti-PERMANENT RECORD. ch, and the number of each, birth 6-1-33 3. Sex births Full term\_\_\_\_ mate?\_ (MONTH, DAY, YEAR) 5. Number, in order of birth\_\_\_\_ 18. Full 9 Full name **FATHER** maiden That Bertla Fees 19. Residence (usual place of abode) (If non-resident, give place and state) 10. Residence (usual place of abode) (If non-resident, give place and State) 20. Color or race\_\_\_\_\_\_21. Age at last birthday 40 (years) 11. Color or race\_4/\_ 12. Age at last birthday\_463\_(years) 13. Birthplace (city or place) Municipality (State or country) (State or country) 23. Trade, profession, or particular kind Z g 14. Trade, profession, or particular of work done, as housekeeper, ខ្ម kind of work done, as spinner, OCCUPATION typist, nurse, clerk, etc\_\_\_\_\_ sawyer, bookkeeper, etc. \_\_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. work was done, as silk mill, sawmill, bank, etc. \_\_\_ 25. Date (month and year) last 16. Date (month and year) last 17. Total time (years) 26. Total time (years) engaged in this work engaged in this work spent in this work\_\_\_\_ spent in this work 10 (At time of this birth and including this child) (a) Born alive and now living 4. (b) Born alive but now dead 2 (c) Stillborn 27. Number of children of this mother Before labor\_\_ months 28. If stillborn, tus Til vels pro During labor\_\_\_ 29. Cause of stillbirth or weeks period of gestation\_\_ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 10 a m. on the date above stated. I hereby certify that I attended the birth of this child, who was (BORN ADIVE OR STULBORN) When there was no attending physician ) or midwife, then the father, householder, (Signed) \_\_ etc., should make this return. Midwife Give name added from Address Urgulary Ble Marisa a supplemental report\_\_\_\_\_ (DATE OF) Registrar.

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B.—In case of more than & order of birth stated.	1. PLACE OF BIRTH—CEIVED JUL 11 1933 DEPARTMENT OF PUBLIC WELFARE  City of Hillians  No. St.  Registration District No. State File No.  (If born in hospital or institution give name.)  STATE OF IDAHO  STATE OF IDAHO  CERTIFICATE OF BIRTH 2 1 3 4 1 3  Registration District No. 2 1 7 8 Local Registrar's No. / 12 1			
FADING INK—THIS IS A PERMANENT RECORD. N. RETURN must be made for each, and the number of each, in c	2. FULL NAME OF CHILD  3. Sex			
", KITE PLAINLY WITH UNFADING one child at birth, a SEPARATE RETURN I	27. Number of children of this mother  (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn.  28. If stillborn,			



PHYSICIANS'should state STATE OF IDAHO MENT OF PUBLIC WELFARE - DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of Madeson CERTIFICATE OF DEATH State File No..... Registration District No. Primary Registration District No. 21 Local Registrar's No. 34 (If death occupred in a hospital or institution, give its name mastead of street and number.) 2. FULL NAME. Residence, No..... (Usual place of abode) (If nonresident give city or town and state) ds. How long in U.S., if of foreign birth? Length of residence in city or town where death occurred. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, 21. DATE OF DEATH (month day, and year) 193 or Divorced (write the word) RICKIE I HEREBY CERTIFY, That T attended deceased from ...... 5a. If maried, widowed, or divorced 1. 1933: death is said (or) WIFE of 6. DATE OF BIRTH (month, day, and year The puncipal cause of death and related causes of importance Months If LESS than were as follows: Date of onset 7. AGE Days 1 day ..... hrs. min. 8. Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookeeper, etc .... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this ARGIN year) 12. BIRTHPLACE (city or town) (State or country) FATHER Date of 13. NAME Name of operation.....L plain What test confirmed diagnosis? ...... Was there an autopsy?..... 14. BIRTHPLACE (city or town) (State or country) 23. If death was due to exter'lcauses (violence) fill in also the following: i. MOTHER DEATH Where did injury occur? 16. BIRTHPLACE (city or town) (Specify city or town county, and State) (State or country Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) OF Manner of injury..... 193 3 Nature of injury. CAUSE NOIL 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) L'so, specify Registrar. (Address)

## UNITED STATES STANDARD CERTIFICATE OF DEATH

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	M1 1022	Other CONTRIBUTORY CAUSES of importance:	1
Gausiones	May 1, 1923	Gustroentertus	1 year
ADDITIONAL SPACE 1	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

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RECORD be made for STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH PERMANENT I REFURN must b th stated. Registration District No. ...State File No..... (If born in hospital or institution A. Local Registrar's No. 2 Prim. Registration District No. 2.1 give name.) FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Date of Sex of Legiti-Triplet in order mate? birth YE Y Child or other? of birth (Month) (Year) (To be answered only in event of plural births) (Day) SEPARAT What prophylactic was used to prevent Ophthalmia Neonatorum? .... Number of child of this mother, including present birth... (a) Born alive and now living\_ Born alive but now dead. Stillborn. FATHER MOTHER FULL each. FULL MAIDEN NAME UNFADING one child at b Residence (Usual place of abode) Residence (Usual place of abode) ... If nonresident, give place and State. If nonresident, give place and State Age at last Birthday Age at last Birthday. Color or race Birthplace Birthplace. (City and State or Country) (City and State or Country) armina. ausovo Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIN more I hereby certify that I attended the birth of this child, who was & Stillborn on the date above stated. (Signature) \*Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn Address ..... child is one that neither breathes nor shows other evidence of life after birth.

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RECEIVED AUG STATE OF IDAHO DEPERTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH & 1 City of State File No .\_ Registration District No ... Local Registrar's No. 350 Prim. Registration District No.\_ (If born in hospital or institution give name.) FULL NAME OF CHILD 8. Date of 4. Twin, triplet, or other\_\_\_\_\_6. Premature\_\_\_\_7. Legiti-¥ plural \ hirth births MONTH BAY, YEAR) Full term ... mate? 5. Number, in order of birth\_\_\_ MOTHER 18. Full FATHER 9. Full maiden a name names 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State)\_\_\_\_ (If non-resident, give place and State)/0 3/20.136 20. Color or race . 21. Age at last birthday (years) 11. Color or race\_\_\_\_\_ 12. Age at last birthday\_\_\_\_\_ (years) 22. Birthplace (city or place) [3:1111112] 13. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc\_\_\_\_\_ UPATION **OCCUPATION** sawyer, bookkeeper, etc. \_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc.\_\_\_\_\_ sawmill, bank, etc. \_\_\_\_\_ 25. Date (month and year) last 16. Date (month and year) last 17. Total time (years) 26. Total time (years) engaged in this work engaged in this work spent in this work\_\_\_\_ spent in this work ... (At time of this birth and including this child) (a) Born alive and now living \_\_\_\_\_(b) Born alive but now dead\_\_\_O\_\_(c) Stillborn. Before labor\_ months 28. If stillborn. weeks 29. Cause of stillbirth Lot Claus 9 During labor period of gestation\_\_\_\_ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Attillers at 225 pm. on the date above stated. When there was no attending physician ) midwife, then the father, householder, (Signed) , should make this return. ame added from Address 'emental report\_\_\_\_\_ (DATE OF) Filed. Registrar. Registrar.

SPECHE.

CEIVED ME	STATE OF-IL	Ailo.	p	
PLACE OF DEATH	DEPARTMENT OF PUB BUREAU OF VITAL		DO NOT WRITE IN	
onney or	CERTIFICATE (		State File No.	5158
ity of Boise		2	State File Administra	
	Registration District No			184
	Primary Registration Distri	ct No	Local Registrar's No.	
(If death occurred	d in a hospital or institution of	s nospital	of street and number)	10
2. FULL NAME Baby C	ulver		·········	() *
(a) Residence. No. 1	07 SO 13th St.		St	
(Usual place of abode Length of regid-ace in city or tow		(If nonre mos. ds. How long	sident give city or town in U.S., if of foreign birth	and state) ? yrs. mos.
PERSONAL AND STATE	STICAL PARTICULARS	MEDIC	AL CERTIFICATE OF D	EATH
	ice 5. Single, Married, Widow ed or Divorced (write the	21. DATE OF DE	TH (month, day and ye	ar)/-// 1
Female White	word) Single	22, I HEREBY	RILL That I attende	
5a. If married, widowed, or di HUSBAND of	vorced		illes	193.
(or) WIFE of 6. DATE OF BIRTH (month, o	day, and year) July 12/	I last saw h 2a	live on, 193	
		to have occurred	on the date stated above see of death and related	e, atn causes of imp
Stillborn Month	n Days If LESS that 1 day, hr	***************************************		Date of on
8. Trade, profession, or part	or mi	11.111	~ /	
kind of work done, as sawyer, bookkeeper, etc.	spinner,	Tara	ion of co	D
9. Industry or business in work was done, as wilk	which	Zast	le ulter	
saw mill, bank, etc	 		770	<del>+</del>
(mo. and yr.)	on spent in this	Other contribu	tory causes of importance	:
	Poiso	···		
12. BIRTHPLACE (city or to (State or country)	Idaho	· ·		
E 18 NAME Lemuel	Culver		on Clause	
14. BIRTHPLACE (city or		16	med diagnosis? Was tl	
(State or country)	Montana		due to exter'l causes (vi	
15. MAIDEN NAME JIEN	rictta <u>Deering</u> Billings	the following:		
16. BIRTHPLACE (city or State or country)	Hontana /	· Where did inju	ry occur?	
17. INFORMANT I.	much (below	Specify whether	injury occurred in indus	
(Address) 107 So.	13th Sty Boise			
Place Morris Hi	.11 DateJuly12193		'Y	
Cohno	iber & Vccann		or injury in any way rel	ated to occups
10 UNDERTAKER SCHIE				
to UNDERTAKER SCHIE	Boise Idah	of deceased? (Signed)	<b></b>	Sy m S. M

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  *Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

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County of Bannock Di	STATE OF IDAHO EPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
City of Pocatello	
No. 101 South Johnson St.	CERTIFICATE OF BIRTH 213709
Pocatello General Hospital Registration Distr	rict No. 28 State File No
(If born in hospital or institution give name.) Prim. Registration	n District No. 716/Local Registrar's No. 260
FULL NAME OF CHILD. (If stillborn, su	tillbirth batitute the word "Stillbirth" for name of child)
Sex of Twin Triplet and In or other?  Child Male (To be answered only in event of plural bir	Legiti- mate? Yes Date of July 6 , 19.33 (Month) (Day) (Year)
What prophylactic was used to prevent Ophthalmia Ne	
Number of child of this mother, including present birth Four	c (a) Born alive and now living Three
Mono	Stillborn One
FATHER	FULL MOTHER
FULL George Leroy Exeter	MAIDEN Lena Paice
Residence (Usual place of abode) 207 North Grant	Residence (Usual place of abode) 207 North Grant
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last birthday 36 (Years) Birthplace Fairfield Utah	Color or race Whi to Age at last birthday 27
Birthplace Fairfield Utah (Years)	Birthplace Hooper, Utah (Years)
(City and State or County) Occupation Laborer	(City and State or County)
	Occupation Housewife
I hereby certify that I attended the birth of this on the date above stated.	( December )
(*Where there was no attending physician or mid-)	
wife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Addre	ess Pocal Llo
	7-14 1933 Delay
	Registrar.



RECEIVED THE TE 1922 STATE OF IDAHO statement of OCCUPA DO NOT WRITE IN T DEPARTMENT OF PUBLIC WELFARE PLACE OF DEATH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No..... Registration District No. PHYSICIANS Primary Registration District No. 2 Local Registrar's No. 121 (If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME... Residence. No. (Usual place of abode) (If nonresident give city or town and state) ds. How long in U.S., if of foreign birth? Length of residence in city or town where death occurred. mos. PERMANENT MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3.SEX 5. Single, Married, Widowed. 4. COLOR OR RACE 21. DATE OF DEATH (month day, and year) or Divorced (write the word) I HEREBY CERTIFY, That I attended deceased from...... 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of ...... 193 : death is said to have occurred on the date stated above, at......m. 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance Years LESS than 7. AGE Months hrs. م لللنا min. 8. Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookeeper, etc .... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and ARGIN occupation ..... 12. BIRTHPLACE (city or town) (State or country) 13. NAME plain What test confirmed diagnosis? ...... Was there an autopsy? .... 14. BIRTHPLACE (city or town) (State or country) 23. If death was due to exter leauses (violence) fill in also the following: MOTHER 15. MAIDEN NAME DEATH Where did injury occur? 16. BIRTHPLACE (city or town) (Specify city or town county, and State) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) OF. Manner of injury 18. BURIAL, CREMATION, OR REMO Nature of injury 24. Was disease or injury in any way related to occupation of deceased: 19. UNDERTAKER (Address) ..... If so, specify..... (Signed)..... (Address).....

### UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	١	EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE A PERMANENT RECORD SATE RETURN must be mad of birth stated. BUREAU OF VITAL STATISTICS City of Pocatello 213710 CERTIFICATE OF BIRTH No. 101 South Johnson St. ocatello General Hospital Registration District No. 28 State File No. Prim. Registration District No. 2161 Local Registrar's No. 25 X (If born in hospital or institution give name.) Stillbirth. FULL NAME OF CHILD Stlitbirth

(If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Legiti-Sex of Triplet and in order birth ..... of birth mate? Yes Child Female or other? APARA) order (To be answered only in event of plural births) (Month) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth Nine (a) Born alive and now living Eight None One Born alive but now dead Stillborn birth each, FATHER MOTHER FIII. MAIDEN NAME Zenos Morby Ida Spriggs NAME .... Residence (Usual place of abode) 640 North 11th (Usual place of abode) 640 North 11th than one child nd the number If non-resident. If non-resident. give place and State give place and State ..... Color or race White Age at last birthday AA (Years) Whi te Age at last birthday Color or race..... Birthplace Coleville, Utah
(City and State or County) Coleville, Utah
(City and State or County)
Housewife Birthplace PLAINLY WITH and Occupation Truck Driver Occupation..... each CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* case of for e I hereby certify that I attended the birth of this child, who was Stillborn / at..... on the date above stated. (Signature). (\*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life WRITE (Physician or prodwife) after birth.

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	PLACE OF DEATH OF PURPOSE OF PURP	BLIC WELFARE DO NOT WRITE IN THIS SPACE
very item should sta sf OCCUP	County of Foundation BUREAU OF VITAL CERTIFICATE O	F DEATH State File No. 85197
SORD. Ex	Primary Registration Distri (No	Local Registrar's No.
PHY PHY xact	(a) Residence. No	St.  (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
NENT FLY. ed. E.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ERMANE! EXACTLY classified.	3.SEX  4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 7-3 1938  22. I HEREBY CERTIFY, That I attended deceased from 1933, to 1933, 1933, 1933, 1933
S IS A PE be stated E properly cl ificate.	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	Plast saw her on 193.3: death is said to have occurred on the date stated above, at
<b>9</b> 2	6. DATE OF BIRTH (month, day, and year) 1. AGE Years Months Days If LESS than 1 day,hrs. or min.	The puncipal cause of death and related causes of importance were as follows:  Date of onset
INK—THI AGE should it may be back of cer	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc	
DING lied. A so that	10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation growth and spent in this occupation growth and the spent in this occupation growth growth and the spent in this occupation growth growt	Other contributory causes of importance:
UNFADIN y supplied. terms, so th	12. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
WITH arefull plain See	14. BIRTHPLACE (city or town) Coalarle (State or country)	What test confirmed diagnosis? More Was there an autopsy? 200  23. If death was due to exter icauses (violence) fill in also the following:
AINLY, Whould be category, bearing important.	15. MAIDEN NAME Oda Fright  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
PL n el F D F D	17. INFORMENT Lendy Marby (Address)	Specify whether injury occurred in industry in home, or in public place.  Manner of injury
WRITE informatio CAUSE O	18. BURIAL, CREMATION, OR REMOVAL Place Diffe 93  19. UNDERTAKER Symple Order 19.	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?
N. B.—vinfe	20. FILED 7-4 , 193 3 Regisfrar.	(Signed) , M. D.  (Address) focatelle, Jacks,

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

EXAMPLE I

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related Date of onset The PRINCIPAL CAUSE OF DEATH and related Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage Peritonitis 3 days ago July 5, 1927 Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones Gastroenteritis May 1, 1923 1 year

# ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PUP OF 1933- 10/163

236-101-001-241 RECEIVARD ALIG STATE OF IDAHO County of Deal. DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 213748 case of more birth stated. City of Trish A ಕ No.\_\_\_\_ St. Registration District No. 55- State File No. 27 (If born in hospital or institution Prim. Registration District No.\_\_\_\_Local Registrar's No.\_\_\_\_ give name.) z g 2. FULL NAME OF CHILD\_ A PERMANENT RECORD. each, and the number of each, If plural 4. Twin, triplet, or other\_\_\_\_\_6. Premature X\_ 7. Legiti-3. Sex 8. Date of births 5. Number, in order of birth\_\_\_\_ birth... Full term\_\_\_\_ mate? (MONTH, DAY, YEAR) 9. Full FATIMER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) This / Vave (If non-resident, give place and State) 11. Color or race 12. Age at last birthday 22 (years) 20. Color or race 21. Age at last birthday 20 (years) 13. Birthplace (city or place) \_\_\_\_\_ 22. Birthplace (city or place) \_\_\_ (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind S P kind of work done, as spinner, of work done, as housekeeper, THIS made sawyer, bookkeeper, etc. OCCUPATION typist, nurse, clerk, etc.\_\_\_\_ 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, sawmill, bank, etc. lawyer's office, silk mill, etc.\_\_\_\_ 16. Date (month and year) last 17. Total time (years) WITH UNFADING INK a Separate Return must 1 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work\_\_\_\_ spent in this work\_\_ 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead.\_\_\_(c) Stillborn 28. If stillborn. ( months Before labor\_\_\_\_\_ period of gestation\_\_\_\_\_ or weeks 29. Cause of stillbirth\_\_\_\_ During labor\_\_\_\_\_ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was E PLAINLY child at birth, m. on the date above stated. When there was no attending physician ) (BORN ALIVE OR STILLBORN) or midwife, then the father, householder, (Signed) etc., should make this return. Give name added from Give name acced from a supplemental report\_\_\_\_\_(Date of) Address one Filed July 2 \_\_\_\_ 1933 Danual V. Rel Registrar. Registrar.

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WITH UNFADING INK-THIS

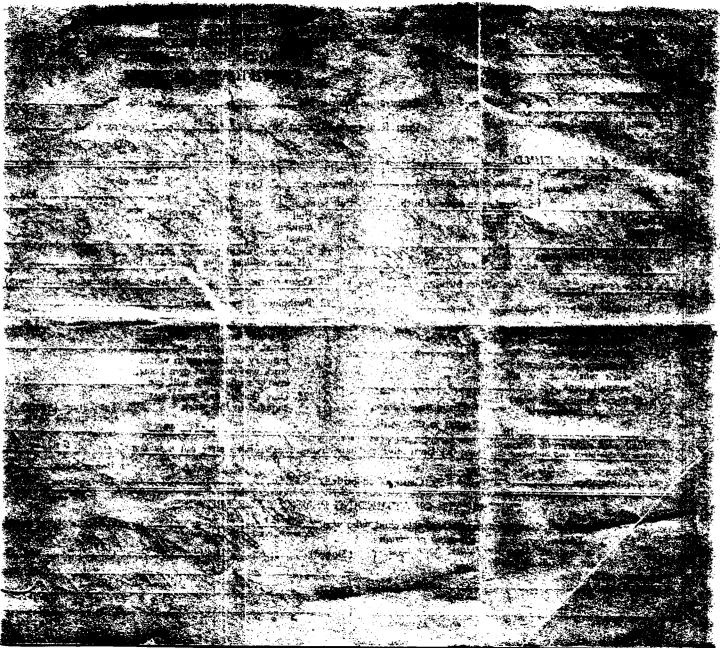
PLAINLY

Onka wat ROSES TO GENERAL SECTION  $g(x,y) = \frac{1}{2} \left( \frac{1}{2} \left( \frac{1}{2} \left( \frac{y}{y} \right) + \frac{y}{y} \right) + \frac{y}{y} \right) + \frac{y}{y} \left( \frac{y}{y}$ . Popular in the second s

66.6 -118 011-699 JUL 31 1933 STATE OF IDAHO County of Bound DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of Bonnes CERTIFICATE OF BIRTH 213903 \_\_\_\_State File No.\_\_\_\_\_ Registration District No... Somus MM (If born in hospital or institution Prim. Registration District No. 2156. Local Registrar's No. give name.) e E Donald Rey wooders 2. FULL NAME OF CHILD ... 8. Date of PERMANENT RECORD. ch, and the number of each, If plural 4. Twin, triplet, or other\_\_\_\_\_6. Premature\_\_\_\_7. Legiti-3. Sex birth births mate? YUS 5. Number, in order of birth\_\_\_\_ Full term 9. Full elwood (Wordson 18. Full maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) Residence (usual place of abode)
(If non-resident, give place and State (If non-resident, give place and state 11. Color or race 12. 12. Age at last birthday 24. (years) 20. Color or race 21. Age at last birthday (years 22. Birthplace (city or place) Santpour (State or country) 13. Birthplace (city or place) (State or country) Z š 23. Trade, profession, or particular kind 14. Trade, profession, or particular S P kind of work done, as spinner, of work done, as housekeeper, CCUPATION CUPATION typist, nurse, clerk, etc\_\_\_\_\_ -THIS be made 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, WITH UNFADING INK—a Separate Return must be lawyer's office, silk mill, etc.\_\_\_\_\_ sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work. spent in this work.... 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Q... (b) Born alive but now dead Q. (c) Stillborn Before labor\_\_\_\_ 28. If stillborn. months 29. Cause of stillbirth Jahrens - No. period of gestation\_\_\_\_ During labor Man or weeks CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was \_\_\_\_\_\_ at 130 Pm. on the date above stated. (BORN ALIVE OR STILLBOR When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. \_\_\_\_\_\_\_\_Midwife Give name added from a supplemental report\_\_\_\_\_ Address Banners Zum (DATE OF) Filed Appro-Registrar.

And the second s

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No.... \_\_\_State File No.\_\_\_\_ (If born in hospital or institution Prim. Registration District No. Local Registrar's No.\_\_\_\_ give name.) FULL NAME OF CHILD... 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_ 7. Legiti-8. Date At f plurai birth. births 5. Number in order of birth\_\_\_\_ Full term mate?\_\_\_ (MONTH, SAY, YEAR) 18**人**好山 MOTHER Q. Full maiden . PERMANENT ch, and the numb name 19. Residence (Asual place of abode) 10. Residence (usual place of abode)
(If non-resident two place and State) (If non-resident, give place and State) ... 20. Color or race 21. Age at last birth 12. Age at lest birthday... \_\_\_\_ (vears) 11. Color or race. 22. Birthplace (city or place) \_\_\_ 13. Birthplace (city or place) \_\_\_/ (State or country) (State or country) A & 23. Trade, profession, or particular land 14. Trade, profession, or particular of work done, as housekeeper kind of work done, as spinner, PATION typist, nurse, clerk, etc\_C THIS made sawyer, bookkeeper, etc. . 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc.\_ sawmill, bank, etc. \_\_ 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last! must engaged in this work 26. Total time (years) spent in this work .spent in this work\_\_\_\_ 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living \_\_\_\_(b) Born alive but now dead\_\_\_\_(c) Stillborn. 29. Cause of stillbirth Justymu Before labor \_\_\_\_ 28. If stillborn. months period of gestation\_\_\_\_\_\_ or weeks During labor. CERTIFICATE OF ATTENDING PHYSICAL I hereby certify that I attended the birth of this child. who was the date above stated. When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. Midwife Give name added from a supplemental report\_\_\_\_\_ Address (DATE OF) 1933 Clar C. Be Filed. Registrar Registrar.



STATE OF ID	
PLACE OF DEATHIG 1 PERANTMENT OF PUBLISHED OF VITALS	am v miamica
County of CERTIFICATE O	1 05991
City of Registration District No	
Primary Registration District	
(No(If death occurred in a hospital or institution)	give its name instead of street and number.)
2. FULL NAME Still Bonne,	
(a) Residence. No. Salara and State	alizo St.
(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) July 193
Town So White or Divorced (write the word)	22. I HEREBY CERTIFY, That I attended deceased from
5a. If maried, widowed, or divorced HUSBAND of	, 193, to, 193
(or) WIFE of	I last saw halive on, 193; death is s
6. DATE OF BIRTH (month, day, and year) July 1811933	to have occurred on the date stated above, at I
7. AGE Years Months Days If LESS than	Poly of the poly of the place of or
1 day,hrs. or min.	usminental
8. Trade, profession, or particular,	alling the
sawyer, bookeeper, etc	dealsty postinon
9. Industry or business in which work was done, as silk mill, saw mill, bank etc	posición,
7)	Other contributory causes of importance:
10. Date deceased last worked at this occupation (month and year)  Occupation	
12. BIRTHPLACE (city or town) Salarron	
(State or country)	
13. NAME E. Variation Clarity  14. BIRTHPLACE (city of town) 74.1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Name of operation
14. BIRTHPLACE (city or town) 74.1.1. Lold	What test confirmed diagnosis? Was there an autopsy?
(State of country)	23. If death was due to exter leauses (violence) all in also the following
15. MAIDEN NAME Sylven C. Cechanice 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 1
16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town county, and State)
621 D PC 16	Specify whether injury occurred in industry in home, or in pub
17. INFORMENT (Address) Salvaton, Tacho	place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date , 193	Nature of injury
19. UNDERTAKER Y LOCALING (Address) Jalungs Galu	If so, specify
910 200 912,00	(Signed)
20. FILED Registrar.	(Address) MMM Sash

MARGIN RESERVED FOR BINDING

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EXAMPLE I	ľ	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACEPOR BUTHVED AUG 9 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of of more stated. BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH Gase o State File No.\_\_\_\_ Registration District No ... 2/78 Local Registrar's No. / **32** (If born in hospital or institution Prim. Registration District No ... give name.) 2. FULL NAME OF CHILD\_\_\_\_\_\_ PERMANENT RECORD. ch, and the number of each, If plural 4. Twin, triplet, or other\_\_\_\_\_6. Premature\_\_\_\_7. Legiti-8. Date of 3. Sex hirth births Full term\_\_\_\_ ams 5. Number, in order of birth\_\_\_\_ mate?\_. (MONTH DAY, YEAR) . MOTHER 9. Full FATHER 18. Full maiden name name Maggie 19. Residence (usual place of abode)
(If non-resident give place and state) 10. Residence (usual place of abode) (If non-resident, give place and State) Light 11. Color or race 12. Age at last birthday \_\_ 20. Color or race 21. Age at last birthday 26. 22. Birthplace (city or place) \_\_\_\_\_ (State or country) 13. Birthplace (city or place) \_\_\_\_\_ ₽ S 23. Trade, profession, or particular kind 14. Trade, profession, or particular ថ្មន of work done, as housekeeper, kind of work done, as spinner typist, nurse, clerk, etc\_\_\_\_\_24. Industry or business in which sawyer, bookkeeper, etc. WITH UNFADING INK—THIS a SEPARATE RETURN must be made 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc.\_ sawmill, bank, etc. .. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work---spent in this work\_\_\_\_ 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4. (b) Born alive but now dead 1... (c) Stillborn..... Before labor----28. If stillborn. ( months period of gestation\_\_\_\_\_ or weeks | 29. Cause of stillbirth sugulation During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE m on the date above stated. I hereby certify that I attended the birth of this child, who was PLAINLY uild at birth, (BORN ALIVE OF ST When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. Midwife Give name added from a supplemental report\_\_\_\_\_ Address Filed... Registrar.

NEW STITLE WOL ATME NO 24 AND THE Il seas to begann or man !! Rige Mes drawn Davice No. Manager 941. to space of THE STATE OF THE S distributed in the most of the contract of the STATE OF A Periodense francia piace de aboutes f. The state of the state of the state of annegation, over place and these toteld his sooile own does no been the about or in our fill the burden fabrile ac altry bearinging is fredu ereierson or particular high in act motorion or posicion the contraction of the bear to Martin work done to visitary The Market Clark Control of and the locality of the The insurer or husbidge as which Attor or meaning on application (2) POTE Was Car. De ove Single All Ale W , 2000) 31 4 4 000 Lewier's clace, site will sign ALL STREET, ST wind and their the fact the form and it result from the drivery field ? The steel in homeone TOWARD W. STATE show that of most Newson of Versions of the relation of the second was one one through the second to the second to the Compression of the State of the the state of the s STANCINA AC MADRITHA DISIGNATURE BO BRADINITHAN Learning Line and American Company of the Company o Line of the property to sale sent CI de ... (2) : (4) to all blunds continuous statements with the second

<b>te et</b>	IRECEIVED AUG 9 1933 STATE OF ID	AHO
very item of should state it of OCCU-	PLACE OF DEATH DEPARTMENT OF PUB	
ii e	County of Madesau BUREAU OF VITAL	
ry of	CERTIFICATE O	r Drain   State File No
Eve S al	City of Registration District No	180-
	Primary Registration Distri	ct No. Local Registrar's No.
RECORD. Ev PHYSICIANS a Exact statement	(No	
SI SI SI SI SI SI SI SI SI SI SI SI SI S	(If death occurred in a hospital or institution,	give its name instead of street and number.)
IX act	2. FULL NAME JOURN	G.
	(a) Residence. No	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
NENT TLY. iied.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 193
NDING PERMA IEXACI y classi y alassi	I Distant	22. I HEREBY CERTIFY, That I attended deceased from
PERN d EXA ly cla	5a. If maried, widowed, or divorced	Ung 2, 1933, to 2, 1983
BIN A I ated ated erly	HUSBAND of (or) WIFE of	I last saw homalive on last the said
IR BINDI IS A PEH stated EX roperly cl	6. DATE OF BIRTH (month, day, and year) and 2-/933	to have occurred on the date stated above, at
FOI IS 1 lbe by by of c	7. AGE Years Months Days If LESS than	were as follows: Date of onset
~ # ₽ ₽ M	1 day, A. hrs. or min.	Stillfun
VEDTh	8. Trade, profession, or particular kind of work done, as spinner,	as phelisted in bull
	sawyer, bookeeper, etc.	could /
	9. Industry or business in which work was done, as silk mill, saw mill, bank etc	•
RE NG NG tha	D 10 Date deceased last worked at 11 Total time (years)	Other contributory causes of importance:
DI Bed.	this occupation (month and year)	
ARGIN RES INFADING 1 supplied. AG erms, so that	12. BIRTHPLACE (city or town) Revoluting Ida	J
MAH UN] y suj tern See	(State or country)	
	13. NAME Robert m Strepy	Name of operation Date of
WITH arefully plain tant.	13. NAME Robert W Street  14. BIRTHPLACE (city or town)  (State or country)	What test confirmed diagnosis? Was there an autopsy?
VLY, WITH d be carefull TH in plain important.	(Made of Colombia)	23. If death was due to exter icauses (violence) fill in also the following:  Accident, suicide, or homicide?
he ju	15. MAIDEN NAME YVOQUE 16. BIRTHPLACE (city or town)	Where did injury occur?
IN BE	16. BIRTHPLACE (city or town) (State or country)	(Specify city or town, county, and State)
LAINLY should be DEATH	Ret m St. L	Specify whether injury occurred in industry in home, or in public
A. "	17. INFORMENT CALLES DESCRIPTION OF STATE OF STA	place.  Manner of injury
FE P tion of OF N is	18. BURIAL, CREMATION, OR REMOVAL  Place (VI Company)  Date (U.G. 2, 1933)	Nature of injury
WRITH formati AUSE ( ATION		24. Was disease or injury in any may related to occupation of deceased?
WRITE 1 information CAUSE OF PATION is	19. UNDERTAKER NO. (Address)	If so, specify
	a Ca Odilyanian	(Signed) M. D.
8	20. FILED MA 3 , 1933 Registrar.	(Address)
Z		• • //

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of onset Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 uear ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF IDAHO MAPIVED AUG DEPARTMENT OF PUBLIC WELFARE of more in stated. County of... BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH 214189 case o Registration District No.\_\_\_\_\_State File No.\_\_\_\_\_ Prim. Registration District No. 2178 Local Registrar's No. 136 (If born in hospital or institution give name.) ord or 2. FULL NAME OF CHILD\_\_\_\_\_\_ A PERMANENT RECORD. each, and the number of each, 8. Date of If plural 4. Twin, triplet, or other\_\_\_\_\_6. Premature\_\_\_\_7. Legiti- / births 5. Number, in order of birth Pull term mate?\_ (MONTH, DAY, YEA) 9. Full **FATHER** 18. Full MOTHER maiden name name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and state) 11. Color or race\_LU\_\_ 12. Age at last birthday\_3\_2 20. Color or race\_\_\_\_\_\_\_21. Age at last birthday 28 22. Birthplace (city or place) Holliane 13. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular king 14. Trade, profession, or particular f IS of work done, as housekeeper kind of work done, as spinner. typist, nurse, clerk, etc\_\_\_\_ sawyer, bookkeeper, etc. \_\_\_\_\_ WITH UNFADING INK—THIS a Separate Return must be made 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc.\_\_ sawmill. bank. etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last! engaged in this work 26. Total time (years) spent in this work\_\_\_\_ spent in this work\_\_\_\_ 27. Number of children of this mother ( months Before labor\_\_\_\_\_ 28. If stillborn. period of gestation\_\_\_\_\_ or weeks 29. Cause of stillbirth\_\_\_\_\_ During labor\_\_\_\_\_ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE ml on the date above stated. E PLAINLY child at birth, (BORN ALIVE OF STILLERN M When there was no attending physician ) or midwife, then the father, householder, (Signed) \_\_\_ etc., should make this return. \_\_\_\_\_ Midwife Give name added from . a supplemental report\_\_\_\_\_ Address . (DATE OF) Registre Registrar.

CHACK OF MAHO DELARTMENT OF MUSICE WELLARD POEMLO VITAL SEATSTICH MERICALE OF BUYER ne australi on Intigant ar and ille Local (captions) Print Rousises & Diagram No. 1. 1. THE PHEE NAME OF CHILD To please of West offices of other Line . 6 Personance La and the state of supplier is order of least MOTHER 14.50 45.60 a membrace furnal place of chodels 14. Hamiltonic lusted place of both (If inqui resident, dive piaco and hime) .- 1.2 ith non-resident, give store that 21. Age philastaliritiday olds or race and all All and buttleday. dering to start true profession or particular king The Contract to contractions the Contract of work done as housekeeping chart of work done, as someth. repist, ourse, cident, etc. tower incidenters, etc. the statustry or husbress in which indicates or business in which while was about as own bounce. dure the secure store there lawyer's flice. The while rie. . .. ....... the same little on The Date (morth and vear) last head (usey has discount mand and engaged in Orth Book Mr. Fotal cone (sea 126. Total Line Ivental Steel with in pension ment he this work COREL IN 1905 WORK 19..... Conder obschäften of the mother Before ichar----- warding H Si - During aller --The state of the s CHARGE OF ALLESSES OF MAINTERS The new administration is disid out belonging from white sydney of before the date of over some Which there was an according gain thing h. G.M. a midwife, the the lather nousehaller (Decay Co.) with the state blooms with mer ander men (SATE OF)

2 <b>2 .</b>	RECEIVED AUG 9 1933 STATE OF ID	OAHO
E ST	PLACE OF DEATH DEPARTMENT OF PUB	BLIC WELFARE DO NOT WRITE IN THIS SPACE
item Id st GUP	Sounty of Madison BUREAU OF VITAL	STATISTICS 85350
ry item lould ste OQCUP	CERTIFICATE O	F PEATH   State File No
5 48	City of Rexburg Registration District No	
NS.	Primary Registration Distri	ict No. 2/78 Local Registrar's No. 38
	(No.	
ORD. SICIA tatem	(No(If death occurred in a hospital or institution,	
S ¥ "	2. FULL NAME Bany Saurey	
RI PH ract	(a) Residence. No	(If nonresident give alty or town and state)
14	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ERMANENT EXACTLY. slassified. Es	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	21. DATE OF DEATH (month day, and year) July 26, 1933
M S is	or Divorced (write the word)	22. I HEREBY CERTIFY, That I attended deceased from
S S S S S S S S S S S S S S S S S S S	5a. If maried, widowed, or divorced HUSBAND of	, 193, to, 193
H T T T T T T T T T T T T T T T T T T T	(or) WIFE of	I last saw halive on, 193: death is said
HIS IS A ald be state be proper-	6. DATE OF BIRTH (month, day, and year) July 26 19	to have occurred on the date stated above, atm.  3. The principal cause of death and related causes of importance
D of D it	7. AGE Years Months Days If LESS than	were as follows: Date of onset
HI be ld	stillborn 1 day,hrs.	Dal III
	8. Trade, profession, or particular kind of work done, as spinner,	mobiles of the inel
ᆙᇔᇕᇪ	sawyer, bookeeper, etc	how Carolin Suntaline
INK GE it m	9. Industry or business in which work was done, as silk mill,	
VG Pat On Bat	saw mill, bank etc	Other contributory causes of importance:
ion di	this occupation (month and year)  year)  11. Total time (years)  occupation  occupation	
'Al	12. BIRTHPLACE (city or town) Hibbard	
at a mark	(State or country) Idaho	
E F E E	13. NAME Wr. Saurey  14. BIRTHPLACE (city or town) Hibbard  (State or country) Tokaho	Name of operation Date of
Sec Sec	14. BIRTHPLACE (city or town) Hibbard	What test confirmed diagnosis?Was there an autopsy?
WI car	totale of country)	23. If death was due to exter causes (violence) fill in also the following:
K. H. in	15. MAIDEN NAME Olive Richy  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  17. Bib O	Accident, suicide, or homicide? Date of injury, 193.
HE E	16. BIRTHPLACE (city or town) Hibbard (State or country) Icaho	Where did injury occur?(Specify city or town county, and State)
AII BA imj	Mana Hattie wicht	Specify whether injury occurred in industry in home, or in public
	17. INFORMENT MIS Dattle Light (Address) Hipparo Idaho	place,
fion fion OF		Manner of injury
	18. BURIAL, CREMATION, OR REMOVAL Place ROXDUTS Date July 29 1935	Nature of injury
inform CAUSI TION	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
] 35 =		(Signed) M.D
<b>m</b>	20. FILED 3, 193 3 Registrar.	(Address) Runguld Sua
Z		

MARGIN RESERVED FOR BINDING

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

}	EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1928	Causes of importance were as follows:   Attack of epilepsy   Run over by street car

283	9	
re than	County of Water Park D AUG 9 1933	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
f mor	City of	CERTIFICATE OF BIRTH 214190
rth o	NoSt. Registration Di	
of G	and the address of the state of	
ם ד	give name.) Prim. Registrati	on District No. 2.1.2 & Local Registrar's No. 1 12
N. B.	2. FULL NAME OF CHILD	
RECORD.	3. Sex Male If plural 4. Twin, triplet, or other 6. Probirths 5. Number, in order of birth Fu	1028
NT REA	9. Full FATHER Prowing	18. Full MOTHER maiden Norma Beau
PERMANENT th, and the numb	10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and state)
RM/	11. Color or rate 12. Age at last birthday 2 (years)	20. Color Wrater 121. Age at last birthday & (years)
A PE	13. Birthplace (city or place)	22. Birthplace (city or place) (State or country)
IS A	14. Trade, profession, or particular	23. Trade, profession, or particular kind of work done, as housekeeper,
THIS made	sawyer, bookkeeper, etc	typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc  25. Date (month and year) last engaged in this work 26. Total time (years)
	work was done, as silk mill,	work was done, as own home, lawyer's office, silk mill, etc.
E I	sawmill, bank, etc.  U 16. Date (month and year) last engaged in this work  17. Total time (years)	25. Date (month and year) last engaged in this work 26. Total time (years)
	spent in this work	o spent in this work
UNFADING ATE RETURN	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and not	w living Q. (b) Born altye but now dead Q. (c) Stillborn
L E	28. If stillborn, months period of gestation or weeks 29. Cause of stillbirt	reference of placenta Before labor
	CERTIFICATE OF ATTENDING	Dung more
WITH a SEPA	I hereby certify that I attended the birth of this child, who	
걸	( When there was no attending phusician)	(SORN ACIVE OR STILLBORN)
PLAINLY ild at birth	(etc., should make this return.	(gned) M. D.
ا عـ	Give name added from a supplemental report (DATE OF)	dress Kling I de
WRITE one c	Fil.	ed 8-6- 1993 Skypully Registre
<b>≱</b> [	Registrar.	( Activities

The same of the sa

RECEIVED AUG STATE OF IDAHO	
PLACE OF DEATHUG 9 DEPOSITMENT OF PUBLIC WELF. BUREAU OF VITAL STATISTICS	ARE DO NOT WRITE IN THIS SPACE 85352
CERTIFICATE OF DEATH	
City of Augar Registration District No. 100	
Primary Registration District No2.	
(No	)
(If death occurred in a hospital or institution, give its name in 2. FULL NAME 12 and	. Σοφ
(a) Residence. No. Lugar City och	.St
(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How lo	(If nonresident give city or town and state) ong in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorce (write the word) 21. DATE OF	DEATH (month day, and year) July 10 1933
	REBY CERTIFY, That I attended deceased from
5a. If maried, widowed, or divorced HUSBAND of	10 , 1923, to July 10 , 1933
(or) WIFE of	193 : death is said
6. DATE OF BIRTH (month, day, and year) 10-1933. to have occur The principal	red on the date stated above, at
7. AGE Years Months Days If LESS than were as fol	
Allborn, 1 day,hrs. or min.	Tel Barre
8. Trade, profession, or particular	
kind of work done, as spinner, sawyer, bookeeper, etc.	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
Other contri	ibutory causes of importance:
10. Date deceased last worked at this occupation (month and year)  11. Total time (years)  spent in this occupation.	line Sefaration of placent
12. BIRTHPLACE (city or town) Sugar City (State or country)	e birth. I'
	ration Roug Date of
$\sim$ /	firmed diagnosis? Was there an autopsy?
(State or country) 23. If death was	s due to exter'lcauses (violence) fill in also the following:
15. MAIDEN NAME Horma Busy. Accident, suic	ide, or homicide? Date of injury, 193.
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. State or country)  17. MAIDEN NAME  Where did in	jury occur?
Specify wheth	ner injury occurred in industry in home, or in public
17. INFORMENT (Address) place.	
18. BURIAL, CHEMATION, OR BENOVAL	jury
	e or infury in any way related to occupation of deceased?
(Address) Belying Sclate. If so,	specify Suit ()
20. FILED Aug 5, 1933 July Registrer. (Add.	XIVI
	ress)

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry of business in which the work was done.

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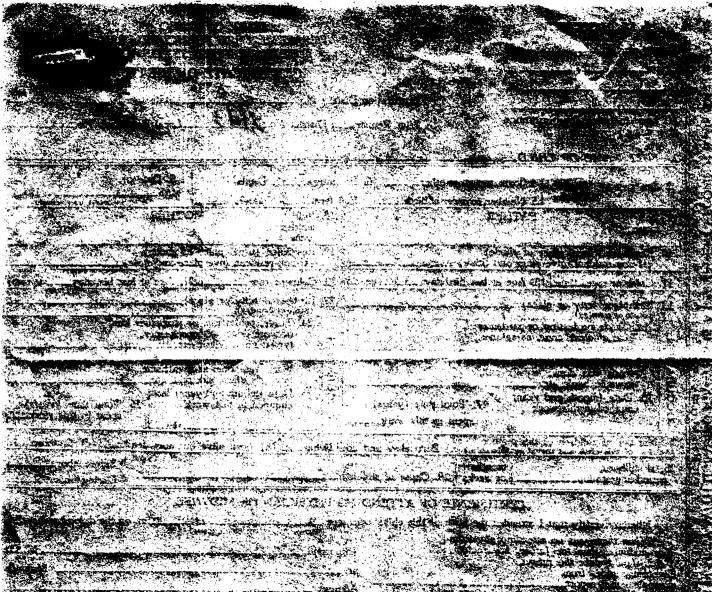
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

759,7150352818	
# 11. PRECEDIMENT AUG 3 1933	STATE OF IDAHO
4	DEPARTMENT OF PUBLIC WELFARE
e County of fleg the	BUREAU OF VITAL STATISTICS
City of City of	and the second s
	CERTIFICATE OF BIRTH 214215
NoSt. Registration Di	/. <b>X</b>
Registration Di	
(If born in hospital or institution Prim. Registrat	ion District No. 2143 Local Registrar's No.
i all give mine.	
Z 5 2. FULL NAME OF CHILD Sufant Se	
3. Sex   If plure  4. Twin, triplet, or other 6. Properties   9. Full   FATHER   FATHER	emature Legiti- 8. Date of
births 5. Number, in order of birth Fu	(/   Dirth
9. Full FATHER	18. Full   MOTHER
name rather	modes
21 Commence to me at the	name Salle Harron
9. Full name 10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode)
(If non-resident, give place and State)	(If non-resident, give place and state)
10. Residence (usual place of abode) (If non-resident, give place and State)  11. Color or race 12. Age at last birthday 28 (years)  13. Birthplace (city or place)	20. Color or race 21. Age at last birthday 24 (years)
13. Birthplace (city or place) Leading	
13. Birthplace (city or place)	22. Birthplace (city or place)
1 14 Tools profession or postiguing	23. Trade, profession, or particular kind
kind of work done, as spinner, sawyer, bookkeeper, etc.	of work done, as housekeeper typist, nurse, clerk, etc.
sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill.	24. Industry or business in which
work was done, as silk mill,	work was done, as own home,
sawmill, bank, etc.	typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last
16. Date (month and year) last engaged in this work 17. Total time (years)	25. Date (month and year) last engaged in this work 26. Total time (years)
engaged in this work spent in this work	O engaged in this work 20. Total time (years)
Z z spenk in this work	19
16. Date (month and year) last engaged in this work spent in this work	w living / (b) Born alive but now dead (c) Stillborn
(At time of this birth and including this child) (2) Don't and all	Before labor 2/2
28. If stillborn, months period of gestation	
period of gestation.	During labor
28. If stillborn, period of gestation	G PHYSICIAN OR MIDWIFE
The land and the birth of this child who	was Atallana at 9 Pm. on the date above stated
I nereby certify that I attended the batch of this child, who	(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.	igned) Allantena, M. D.
etc., should make this return.	
Give name added from or	Midwife
TI 9 9000000000 100000 X	idress
□ a.ll	led July 20 1935 B9 Nestri.
Registrar.	Registrar.
> 11	



PHYSICIAN

EXACTLY.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grecery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"); Diptheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ................................ (name origin): "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy." "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

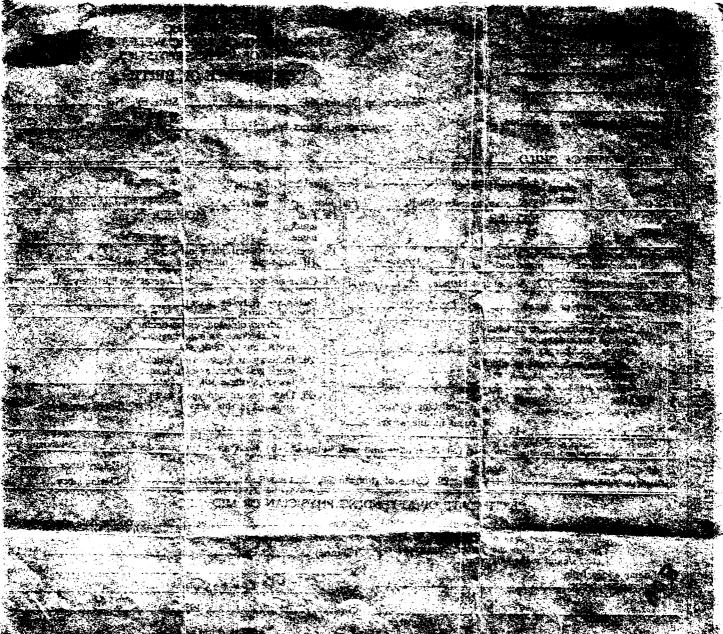
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

i. B.—In case of more than order of birth stated.	sting a	on District No. 2/6/ Local Registrar's No. 330
WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. a Separate Return must be made for each, and the number of each, in c	3 Sex  If plural 4. Twin, triplet, or other 6. Probitths  9. Full FATHER  10. Residence (usual place of abode) (If non-resident, give place and State)  11. Color or face 12. Age at last birthday 3. 9. (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill sawwill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years)  spent in this work.  27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and not time of this birth and including this child) (a) Born alive and not time of this birth and including this child) (a) Born alive and not time of this birth and including this child) (a) Born alive and not time of this birth and including this child) (a) Born alive and not time of this birth and including this child) (a) Born alive and not time of this birth and including this child) (a) Born alive and not time of this birth and including this child) (a) Born alive and not time of this birth and including this child) (a) Born alive and not time of this birth and including this child) (a) Born alive and not time of this birth and including this child) (a) Born alive and not time of this birth and including this child) (a) Born alive and not time of this birth and including this child) (a) Born alive and not time of this birth and including this child) (a) Born alive and not time the content of th	ematurel 7. Legiti- lil term mate? MOTHER maiden name  19. Residence (usual place of abode) (If non-resident, give place and State)  20. Color or race 21. Age at last birthday 21. (years)  22. Birthplace (city or place) (State or country)  23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work  26. Total time (years) spent in this work. D  w living 3. (b) Born alive but now dead
WRITE PLAINLY WITH	Give name added from or	at 300 m. on the date above stated.  (BORN ALME A STILLBORN)  igned) , M. D.  Midwife dress



STATE OF TOARD TMENT OF PUBLIC WEEPAL RUKEAU OF VITAL STATISFICS (TERTIFICATE OF Registrative District No. 22 C. State Ville No. (If born in howettel or satirfied Priva Registration District No ... ...... Local Registraris Non tion wice name) LL NAME OF CHILD LARGE MARKET . W. planal J. Twinshiplet, or other ... 6. Prematur Link T. Leviti-30 ota(1 8 is. Number, in order of birth the Politics of the STHTOR FATIFE 9. Full. ash have id. Steeldence (urant cheer of abode) the Colors of the spain place of a booten ill non-resident, give place and buse-ball (If ron-resident, give place and State) ..... and B. Age at last birthday I are evener a 20. Color or reach Likelike 31. Age at last birthdae 13. Birthelian toky or platty washing St 27. Bird place folly or placed approximate (Store charters) Trade, mofession, or audicalar Laure. Cession, or particular kievi of work done, as houselieener, typiet, 47 sawyer, bookkeeper, etc. .... Polity of semisard as retaring 1.12 (15, Industry or business in which a second area as anothern because work was done as silk mill, saw. loageer's office, silk mill, etc. ... .. and fline 5. Date (a outh and wear) to, Det ineed and good f and employed in the work IT. Total time (rears) and oughted in this work (26. Total timer years ) 191...... spent in this work ...... Number of children of this mother and impost the birth and including take think (a) flore alive and now flyings. (b) Bor a nive but now dead. (c) (c) (down What comphylmetic was read to recept Ophibalica Meanthrand lita kili kiroteli medili Tradition 11 to water on Came of gillying CERTIFICATE OF ATTEMPORTE PUTSHIETS OR MIDWIRE  $\mathcal{A}_{i}$   $\mathcal{M}_{i}$ sperem sear my that I at an ded the birth of this child, who disignate inc. resistances, fine execution in the date chove seen it. Address L. Bur Barry Live or Stillborer When there was no attending physician or midwile, then I of the

the father, householder, etc., should make this other.

RECEIVED SEP 8 1939 STATE OF ID	OHA
PLACE OF DEATH DEPARTMENT OF PUB	BLIC WELFARE DO NOT WRITE IN THIS SPACE
County of Benewal. BUREAU OF VITAL	76 13 13 14 1
City of 3 Maria	State File No.
Registration District No Primary Registration District	
(No(If death occurred in a hospital or institution,	
(a) Residence. No	St. St. Mario, Dala (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH 4'.07 a
3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) State of 2/1933
Male while	22. I HEREBY CERTIFY, That I attended deceased from
5a. If maried, widowed, or divorced HUSBAND of	, 193, to, 193, 193
(or) WIFE of	I last saw halive on, 193; death is said
6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at
7. AGE Years Months Days If LESS than 1 day,hrs.	were as follows:
Stillion - 4:07 Cry 2/ or min.	m known
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	
kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at this occupation (month and year)	Other contributory causes of importance:  Dobal a following
12. BIRTHPLACE (city or town)	Sug before
13. NAME 201 Strongome Sugard	Name of operation
13. NAME 20 2 10 10 10 10 10 10 10 10 10 10 10 10 10	What test confirmed diagnosis? Was there an autopsy?
(State or country) Minn	23. If death was due to exter causes (violence) fill in also the following:
15. MAIDEN NAME Marie Geneview	Accident, suicide, or homicide? Date of injury 193
15. MAIDEN NAME Mani Geneview  16. BIRTHPLACE (city or town) Spaning (State or country)	Where did injury occur? (Specify city or town county, and State)
17. INFORMENT 8† Maris	Specify whether injury occurred in industry in home, or in public place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date , 193	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9-6, 193 3W Jolens	(Signed) M. D.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative	ve healthfulness of
various pursuits can be known. Make some entry in this section for every person aged 10 years or	over. If the de-
ceased had retired from business, report the occupation priorto retirement. Children not gainfully em	ployed may be re-
turned as at school or at home. For a woman whose only occupation was that of home housework,	write housewife in
answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic servi	ce for wages, how-
ever, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc.	For a person who
had no occupation whatever write none.	

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the

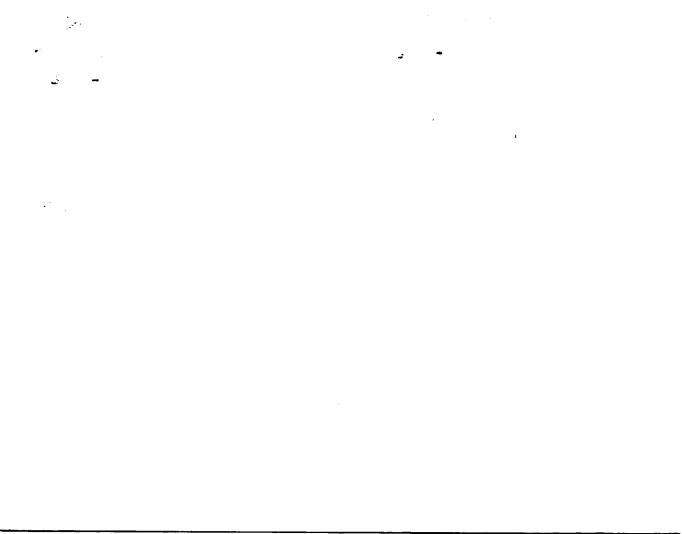
particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

mode of dying, e. g., heart failure, asphyxia, a: As related causes, name earlier morbid conditio	sthenia, etc. ns. if any. rel	he disease, injury, or complication which causes of As principal cause name the disease or injury cated to the principal cause and any important cotance, name other important diseases or injuries.	ausing death
EXAMPLE I	!	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ag
Chronic interstitial nephritis	1921	Run over by street car	1 week age
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ag
Other CONTRIBUTORY CAUSES of importance:	-	Other CONTRIBUTORY CAUSES of importance:	-
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				
			·····	

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE RECORD BUREAU OF VITAL STATISTICS 214516 CERTIFICATE OF PERMANENT RETURN must h stated. State File No. Registration District No. Begistration District No. 2 / Local Registrar's No. 2 / (If born in hospital or institution give name.) FULL NAME OF CHILD... (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of Legiti-Sex of Triplet in order 1953.3 ARATE ! birth Child or other? (Day) (Year) (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatorum? -THIS SEPAR Number of child of this mother, including present birth (a) Born alive and now living. Stillborn Born alive but now dead... MOTHER FATHER FULL FULL UNFADING one child at bi Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State. Age at last Birthday Age at last Birthday\_ Color or race Birthplace Birthplace\_ (City and Mate or Country) (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Stillborn PLAINLY on the date above stated. 7 (Signature) \*Where there was no attending physician (Physician or midwife) WRITE B.-In or midwife, then the father, householder, etc., should make this return. A stillborn Addres child is one that neither breathes nor shows other evidence of life after birth. Registrar.



4 5 9 L	RECEIVED SEP 11 1933 STATE OF I	DAHO
item o ld state OCCU	PLACE OF DEATH DEPARTMENT OF PU BUREAU OF VITAL	
ry i oul of (	County of On Certificate (	
Eve S sh ent v	City of Dlanaford Registration District No	/ 9 /
ZE	R. Frimary Registration Distr	rict No 2/94 Local Registrar's No. 136
RECORD. HYSICIA txact state	(If deals occurred to a hospital or institution	n, give its name instead of street and number.)
ECC (YS	2. FULL NAME	when of of 20
5L 02	(a) Residence. No	St. U. T. J. (If nonresident give city or town and state) s. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
NENT	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
<b>▼</b> 55 79	3.SEX 4. COLOR OR RACE 5. Single, Messied, Widowed, or Divorced (waite the word)	21. DATE OF DEATH (month day, and year) (114 80 1933
PERM if EXA( y class cate.	Male White Single	22. I HEREBY CERTIFY, That I attended deceased from
PE d E ly	5a. If maried, widowed, or divorced HUSBAND of	I last saw hanalive on
S A tate per rtifi	(or) WIFE of	to have occurred on the date stated above, atm.
S IS be s pro f ce	6. DATE OF BIRTH (month, day, and year) Uug 20 33  7. AGE Years Months Days / If LESS than	The principal cause of death and related causes of importance were as follows:  Date of onset
HII Hall	Still born 1 day,hrs.	Ca blandia
T hou hay bac	8. Trade, profession, or particular kind of work done, as spinner,	dug
E E E	kind of work done, as spinner, sawyer, bookeeper, etc	Neonatorum 26
G I AG hat ion	work was done, as silk mill, saw mill, bank, etc.	1433
ADING Diplied. ACs. so that netruction	10. Date deceased last worked at this occupation (month and year)	Other contributory causes of importance:
	12. BIRTHPLACE (city or town) Blackfoot 0	
ly s	13. NAME Dean, Welle Lucker	Name of operation
ITE eful lain ut.	13. NAME Dean Webb Junker  14. BIRTHPLACE (city or town) Louth Convoler  (State or country)	What test confirmed diagnosis? Was there an autopsy?
car car in p		23. If death was due to exter icauses (violence) fill in also the following:  Accident, suicide, or homicide?
VLY d be TH imp	15. MAIDEN NAME Local Soamans 16. BIRTHPLACE (city or town) Black for country)	Where did injury occur? (Specify city or town, county, and State)
	(State or country)	Specify whether injury occurred in industry, in home, or in public
PLAI a shou F DE, s very	17. INFORMENT (Address)	place.
	to pupility conference of the pupility of the	Manner of injury
VRITI ormati USE ( TION	Place Place Manufacture Date My 21, 1982	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
7.444	19. UNDERTAKER (Address) Plustfood Que, #	//O If so, specify
.E & &   	20. FILED Cay 20, 163 3 no Stalus 5 1 22	(Signed), M. D.
<b>z</b> .	Registrar.	(Address)

MARGIN RESERVED FOR BINDING

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

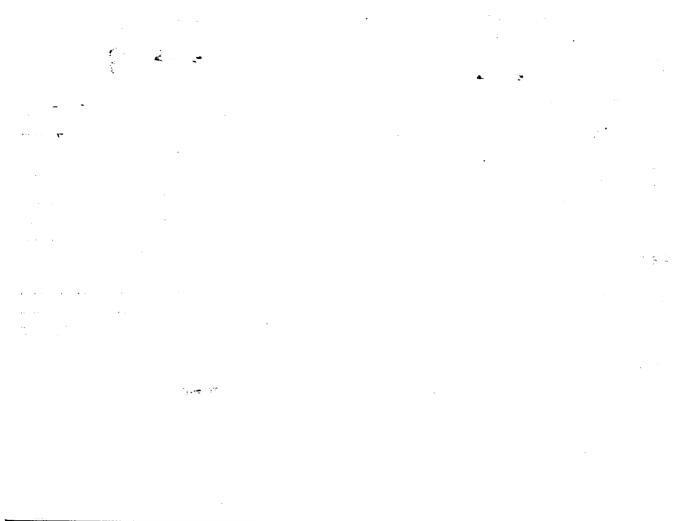
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	j	EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN				

STATE OF IDAHO 1933 DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS. CERTIFICATE OF BIRTH No. Registration District No. 76 State File No. (If horn in hospital or institution Prim Registration District No. 2.55 Local Registrar's No. give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of shild) Number Twin. Date of Legitiin order Sex of Triplet and birth ( mate 1/10 or other? Child -(To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatarum? Number of child of this mother, including present birth. .............. (a) Born alive and now living...... Born alive but now dead \_\_\_\_\_\_\_ Stillborn \_\_\_\_\_ MOTHER FULL MAIDEN NAME If non-resident, give place and State It non-resident, give place and State. za at last Birthday Birthplace ..... (City and State or County) (City and State or County) Occupation Samuel Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWING I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) \*Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



RECORD. Every item of PHYSICIANS should ed. Exact statement of	PLACE OF DEATH County of C	DO NOT WRITE IN THIS SPACE STATISTICS  F DEATH  State File No. 85565  Local Registrar's No. 56
G IANENT I IXACTLY rly classifi tificate.	(a) Residence. No (Usual place of abode) Length of residence in city or town where death occurred. yrs. 1  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. Color or Race 5. Single Married, Widow.	MEDICAL CERTIFICATE OF DEATH
BINDIN S A PERN e stated E be prope	Male White and or pivorced (write the work work)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)	21. DATE OF DEATH (month, day and second from
ED FOR Should be at it may tion on be	7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, atm.  The principal cause of death and related causes of importance were as follows:  Date of onset
RESERVING INK ad. AGE ms, so the ee instruc	kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last work. 11. Total time (years)	5 mo fretus
AARGIN I UNFAD Ily supplie I plain tel	cd at this occupation spent in this occupation  12. BIRTHPLACE (city or town)  (State or country)	Other contributory causes of importance:
Y, WITH be carefu EATH in	14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME Mobil Hays and	Name of operation
PLAINL on should JSE OF D	15. MAIDEN NAME Mabel Hangen  16. BIRTHPLACE (city or town) Canada: (State or country)  17. INFORMANT Albert Alexen (Address)	the following: Accident, suicide, or homicide? Date of injury, 193.  Where did injury occur?
WRITE informatio state CAU OCCUPA	18. BURIAL, CREMATION OR BEMOVAL CHARLES 1933  19. UNDERTAKER	public place.  Manner of injury.  Nature of injury.  24. Was disease or injury in any way related to occupation of deceased? MD If so, specify.
i.e is O	20. FILED. Aug. 1.1, 193.3. Vive aller Registrar.	(Signed)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dute of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN			
			*		

1933 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH No. (If born in hospital or institution Prim. Registration District No. 2155 Local Registrar's No.... give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Date of Legiti-Sex of Triplet and in order birth mate or other? Child (Month) (To be answered only in event of plural births) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Born alive but now dead. Stillborn FIILL MAIDEN FULL NAMIN Residence (Usual place of abode Residence (Usual place of abode) If non-resident, give place and State It non-resident, give place and State Color or race Last Birthday 20. (City and State or County) (City and State or County) Occupation Standard CERTIFICATE OF ATTENDING PHYSICIAN ON MIDWIFE I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) ...... \*Where there was no attending physician? (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth.

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. *	25	RECEIVED SEP 5 1933 STATE OF ID	АНО
. Jo meși	id state OCCU-	PLACE OF DEATH DEPARTMENT OF PUB	LIC WELFARE DO NOT WRITE IN THIS SPACE
:	e o	County of Bonnes BUREAU OF VITAL S	STATISTICS
Þ	should t of O	CERTIFICATE O	F DEATH - State File No. 855564
		City of Registration District No	
É	ည်းရှိ	Primary Registration District	
4	Z W	Primary Registration Distric	Local Registrar's No.
RECORD	PHYSICIANS RESERVENCE BY STATEMENT	(No	give its name instead of street and number
ζ		$\mathcal{U}$	
. 🔀	ect N	2. FULL NAME	ner ?
. ≃	P.H.	(a) Residence. No.	St. (If nonresident give city or town and state)
Ę		(Usual place of abode)  Length of residence in city or town where death occurred. yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
VDING PRRMANENT	, å	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2	ACTLY seiffied	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	
کے لیے	AC	or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 4 1935  22. I HEREBY CERTIFY, That I attended deceased from
	EX. ols	fem while single	aug 13 1983, to aug 14 19813
	stated EX roperly of	/5a. If maried, widowed, or divorced HUSBAND of	
BE	erl ifi	(or) WIFE of	
<u>y</u>	op ert	6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at 3.45m.  The principal cause of death and related causes of importance
57		7. AGE Years Months Days If LESS than	were as follows: Date of onset
	be c	still 3 or hrs.	
	our y nol	8. Trade, profession, or particular	Drangslown Juntileal
	de de		
SER		9. Industry or business in which	1 mo focus
ESS T	AG at i	9. Industry or business in which work was done, as silk mill, saw mill, bank etc.	stil Hert
	1 世	8. Ind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:
A DIN	P OF E	this occupation (month and spent in this occupation	
	supplied. AC erms, so that be instruction		
MARC		12. BIRTHPLACE (city or town) Sark State	
¥ :	y su teri	13. NAME Carl R Home	Name of operation
			What test confirmed diagnosishinical. Was there an autopsy?
	carefull n plain rtant.	14. BIRTHPLACE (city or town) (State or country)	23. If death was due to exter causes (violence) All in also the following:
3	d be carefu TH in pla important		Accident, suicide, or homicide? Date of injury, 193
Þ	3 1 1	15. MAIDEN NAME Ann Wilhout  16. BIRTHPLACE (city or town) (State or country)	1
2		6 16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town county, and State)
-	ihoul DEA	(State or country)	Specify whether injury occurred in industry in home, or in public
		17. INFORMENT	place.
		(Address) Jack Slah	Manner of injury
		18. BURIAL, CREMATION, OR REMOVAL Place. Date 8/154, 1983	Nature of injury
	informati CAUSE ( PATION	- 1.10 Cal	24. Was disease or injury in any way related to occupation of deceased?
3	inford CAU!	19. UNDERTAKER (Address) sandhown	20 If so, specify
	H C F.	H 11-0 000.	(Signed) Mm H. Lyler, M.D.
p	•	20. FILED 74 , 193 3	(Address) Sandpoint Idahs
2	ż	- Jacob	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related Date of onset The PRINCIPAL CAUSE OF DEATH and related Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BARTWENT OF MERCE STRANCE BURNAU OF YEAR MEATISTICS GERTS WATE OF BIRTH No.... Registration District No. \_\_\_\_State File No. \_\_\_\_ N. B.—In case o esch, in preserof (If born in hospital or institu-Prim. Registration District No. 2/57 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD ...... 4. Twin, triplet, or other.......... 8. Premature 2. Legiti-8. Date of If plural birth births Full term...X 5. Number, in order of birth.... mete? b. Day, Year) RECORD. MOTHER 18. Full 9. Full FATHER maiden name name 19. Residence (usual place of abode) 10. Residence (usual place of abode) Residence (usual place of shode) And State) (If non-resident, give place and State) (If non-resident, give place and State). 20. Color or race...... | 21. Age at last birthday. Zin. (r 12. Age at lest hirthday 34 (years) 11. Color or race..Ldl. 13. Birthplace (city or place) These 22. Birthplace (city or place) (State or country) () omnall rans (State or country) shama eech. 14. Trade, profession, or particular Lacometics 23. Trade, profession, or particular kind of work done, as housekeeper, // kind of work done as spinner, a sawyer, bookkeeper, etc Furemun 15. Industry or business in which O.S. X. 24. Industry or business in which made work was done, as own home. work was done, as silk mill sawmill, bank, etc. Pail Kull lawyer's office, silk mill, etc. Wedne A Date (month and year) last engaged in this work
 Total time (years) spent 2 16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 1.1.1.d. 19.3.3 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3...(b) Born alive but now dead 2...(c) Stillborn..... Before labor. months 30. Cause of stillbirth 29. If stillborn. period of gestation.... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was ......... at ... m. on the date above stated. When there was no attending physician ! (Signed or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Address Filed .... Registrar.

A company of the second come to the state of any the we will upper west North of the world in hirth ए कार्यप्रकृ Aurilian Aur Translation specification) have the all the The course of the party of the the state of the s the state of the same of the same The second of the second of the second of the second and the second of the second of the second of the Temperation Marie Confidence and Marie a the later than the second of the later than A Principle of Constantial Administration of the Constantial Constantial Constantial Constantial Constantial Constantial Constantial Constantial Constantial Constantial Constantial Constantial Constantial Constantial Cons a army distance of assessment of Addition to the second of the second บาร์สาราชารณ์ เอเมสเทียง ชลา ทายการทำกา deside of making a rectange of Harry with the as a court landing The was the contract of the same of the sa . Big Mai Mar. 9 mil . Suprae. · 10.399 · 10.61 · 1 · 11.38 · 14. the county and really a re-THE THE STREET WATER The transportational special property of the The state of the s confirm the man man and order area the server was no serve regularies The all or notes. Property ! the same of the sa amenda a resident CHARLEN MY AS FEED THE OWN CALL SELECTION OF THE WATER OF THE and received the arm and received from Seem with the solds the medical property to the second of the second of

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RECEIVED SFP 7 STATE OF IDAHO PLACE OF DEAT DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS State File No. Registration District No... Primary Registration District N stead of street and number) 2. FULL NAME (a) Residence. No. 1. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mes. ds. How long in U. S., if of foreign birth? yrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow. ed or Disorced (write the word) 5a. If married, widowed, or divorced HUSBAND of ..... 193.... to ...... 193.... 193.... (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last saw h...alive on ........... 193. ... death is said 7. AGE Months Days If LESS than tance were as follows: 1 day .... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this (mo. and yr.) occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME ( 14. BIRTHPLACE (city or (State or country) 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or (State or cour 17. INFORMANT (Address) 18. BURIAL, CI Manner of injury..... 19 UNDERTAKER of deceased 2..... It's (Address) (Signed)

DO NOT WRITE IN THIS

Local Registrar's No ...

21. DATE OF DEATH (month, day and year)

22 I HEREBY CERTIFY, That I attended deceased from

to have occurred on the date stated above.

The principal cause of death and related causes of impor-

Other contributory causes of importance:

Name of operation...... Date of......

What test confirmed diagnosis?.... Was there an autopsy?...

23. If death was due to exter'l causes (violence) fill in also

Where did injury occur?.....

(Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in

spublic place. .....

Nature of injury.....

24. Was disease or injury in any way related to occupation

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:		
Gallstones	May 1, 1923	Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN		

PLACE OF SEREIVED SEP 7 DEPARTMENT OF PURISH WELFARE County of BURBAU OF VITAL STATISTICS City of S in order of births CERTIFICATE OF BIRTH Registration District No. ... State File (If born in hospital or institution give name.) 2. FULL NAME OF CHILD ...... N. B.-8. Date of Aces 10 7. Legiti-4. Twin, triplet, or other..... 6. Premature [f plural 3. Sex birtha 5. Number, in order of birth.... Full term. RECORD. mate MOTHER 9. Full FATHER 18. Full name maiden name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) PERMANENT each, and the (If non-resident, give place and State).... 11. Color or race will 12. Age at last birthday. 20 (years 20. Color or race/ 21. Age at lest birthday 23 13. Birthplace (city or place)...... 22. Birthplace (city or place) .... (Btate or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper. kind of work done, as apinned NOIL typist, nurse, clerk, etc. OCCUPATION sawver, bookkeeper, etc 24. Industry or business in which 15. Industry or business in which work was done a will made work was done, as own home. sawmill, bank, etc..... lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) spent ast engaged in this work 17. Total time (years) spent 2 16. Date (month and year) INE must in this work 2/2 ...... 19...... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNIFADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (a) Born alive but now deed (c) Stillborn. Before labor... months 29. If stillborn, or weeks 30. Cause of stillbirth.... period of gestation // / During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Not ...... m. on the date above stated. (Born Alive or Stillham) When there was no attending physician / (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Address ..... Registrar.

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RECEIVED SFP.7 STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS IFICATE OF Registration District No..... Primary Registration District No ... Local Registrar's No. CORD (If death occur e its name instead of street and number 2. FULL NAME. (a) Residence. No......St. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) ed or Divorced (write the word) HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of death is said I last saw himmenve 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at The principal cause of death and related causes of impor- $\mathbf{AGE}$ If LESS than tance were as follows: Date of onset 1 day /hrs. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation ... 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city test confirmed diagnosis?.... Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury... 193. 16. BIRTHPLACE (city or town Aid injury occur?..... (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. ..... 18. BURIAL. CREMATION OR REMOVAL Manner of injury ... Nature of injury ... injury in any way related to eccupation 24. Was disease or 19 UNDERTAKER Ιf (Address) of deceased?.. (Signed) 20. FILED Cokes. 1. 7., 193. 3 (...l. (Address

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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN			

PLACE OF THE EIVED SEP 7 STATE OF IDAHO 1933 In case of more than in order of birth stated DEPARTMENT OF PUBLIC WELFARE County of 13 BURBAU OF VITAL STATISTICS City of Acres CERTIFICATE OF BIRTH Registration District No. 23 State File No. (If born in hemital or institu-Prim. Registration District No. 10 Local Registrar's No. 3 50 tion give name.) 2. FULL NAME OF CHILD S. S. B. 4. Twin, triplet, or other.......... 6. Premature 7. Legiti-[f plural 8. Date of 3. Sex birth C births 5. Number, in order of birth..... Full termen... matel RECORD. 18. Full MOTHER 9. Pull FATHER maiden name name 10. Residence (usual place of abode) I sa dulis 19. Residence (usual place of abode) (If non-resident, give place and State) PERMANENT each, and the (If non-resident, give place and State)..... 20. Color or race. | 21. Age at last birthday 2. (years) 11. Color or race. 12. Age at last birthday 20. (years) 22. Birthplace (city or place).... (State or country) (State or country) ~ ler mann 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done as spinner, of work done, as housekeeper. CUPATION S P sawyer, bookkeeper, etc Tammer typist, nurse, clerk, etc. 24. Industry or business in which, 15. Industry or business in which made work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. Tause how sawmill, bank, etc..... 16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent æ must. in this work in this work in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNIFADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn Before labon 7..... WITH UNE 29. If stillborn. period of gestation/ During labor...... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was talk At .... A m. on the date above stated. When there was no attending physician / or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report.... SP II (Date of) Registrar.

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RECEIVED SEP 7 1933	
PLACE OF DEATH  County of Bonneville  DEPARTMENT OF PUBLICATION OF VITAL	DO NOT WRITE IN THIS SPACE STATISTICS
City of Idaho Falls CERTIFICATE O	Pr DEATH   State File No
Registration District No Primary Registration District	2150 A Share and third the course on
Primary Registration District (No	ve its name instead of street and number)
(a) Residence. No	St.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widow-ed or Divorced (write the word)	21. DATE OF DEATH (month, day and year Aug 15 1933
5a. If married, widowed, or divorced	22 I HEREBY CERTIFY, That I attended deceased from
HUSBAND of (or) WIFE of	, 193, to Aller, 193
6. DATE OF BIRTH (month, day, and year)  Aug. 15/33  7. AGE Years   Months   Days   If LESS than	I last saw halive on, 193: death is said to have occurred on the date stated above, atm.  The principal cause of death and related causes of impor-
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	tance were as follows: Date of onset
8. Trade, profession, or particular	Premature -7 months -
9. Industry or business in which work was done, as silk mill,	Compression cord.
10. Date deceased last work. etc. 11. Total time (years) ed at this occupation (mo. and yr.) spent in this occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or townIdaho Falls, Ida (State or country)	
18. NAME Fritz Hachman	
[5] 14. BIRTHPLACE (city or town) Germany (State or country)	Name of operation
15. MAIDEN NAME Anna Flessau  16. BIRTHPLACE (city or town). Germany (State or country)	23. If death was due to exter'l causes (violence) fill in also the following:  Accident, suicide, or homicide? Date of injury, 193.
	Where did injury occur?
17. INFORMANT I TITZ Hachman (Address) Idaho Falls RFD 2	Specify whether injury occurred in industry, in home, or in public place.
18. BURIAL, CREMATION OR REMOVAL  Place daho Falls  Date Aug., 1933	Manner of injury
19. UNDERTAKER None (Address)	24. Was disease or injury in any way related to occupation of deceased? It so aproify.!
20. FILEDOLY. I.V. 193. 3. Will June Registrar	(Signed) M D (Address) Idaho Falls, Idaho

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as sninner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, ctc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

RECEIVED SEP 7 ofate of Edailo PLACE OF BIRTH DEPARTMENT OF PUBLIC WILLFARD County of. BUREAU OF VITAL STATISTICS. City of ..... CERTIFICATE OF BIRTH No... State File No. Registration District No. ..... (If born in hospital or institu-Prim. Registration District No. 2150 Local Registrar's No. tion give name.) FULL NAME OF CHILD 7. Legiti-8. Date of If plural 3, Sex hirth births Temal. Der. Tear) 5. Number, in order of birth..... mate!..... Full term. ŏ number of MOTHER 18. Full 9. Full FATHER maiden name name 19. Residence (usual place of shode) 10. Residence (usual place of abode) (If non-resident, give place and State) Auta Valla (If non-resident, give place and State) WZawall PERMANENT each, and the 20. Color or race 21. 21. Agent last birthday 21. (years 11. Color or relelikild 12. Age at last birthday 13. (years 22. Birthplace (city or place) 13. Birthplace (city or place)..... (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, TION nawyer bootkeeper etc 24 Industry or business in which 15. Industry or business in which work was done, as silk mill, Kainey made work was done, as own home. lawyer's office, silk mill. etc. Will a sawmill, bank, etc. 25. Date (month and year) 26. Total time (years) spent 2 16. Date (month and year) last engaged in this work 17. Total time (xears) spent last engaged in this work must Unaut 1933 in this work. Chusser 1923 in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? FADING Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living .....(b) Born alive but now dead......(c) Stillborn ..... Before labor. .... months comments 30. Cause of stillhirth 29. If stillborn. period of gestation b/L During labor CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWE I hereby certify that I attended the birth of this child, who was When there was no attending physician ! (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Address Registrar.



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STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS ATE OF State File No..... ORD. Every PHYSICIANS Registration District No..... Primary Registration District No. Local Registrar's (No. (If death occurred in a hos name instead of street and number) 2. FULL NAME..... Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs, mos, ds. How long in U.S., if of foreign birth? yrs, mos, ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year 1933 ed or Divorced (write the word) 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at .. The principal cause of death and related causes of impor-7. AGE Years If LESS than tance were as follows: Date of onset 1 day,... hrs. or .... min 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. 11. "otal time (years) ed at this occupation (mo. and yr.) ≠pent in this Other contributory causes of importance: occupation 12. BIRTHPLACE (city or town (State or country) 18. NAME 14. BIRTHPLACE (city or What test confirmed diagnosis?.... Was there an autopsy? المنام (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town) Where did injury occur?..... (State or countr (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in (Address) public place. ..... 18. BURIAL C REMOVAL Manner of injury..... Date . 444 Nature of injury... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) of deceased?.. (Signed) 20. FILED (193 A (Addre

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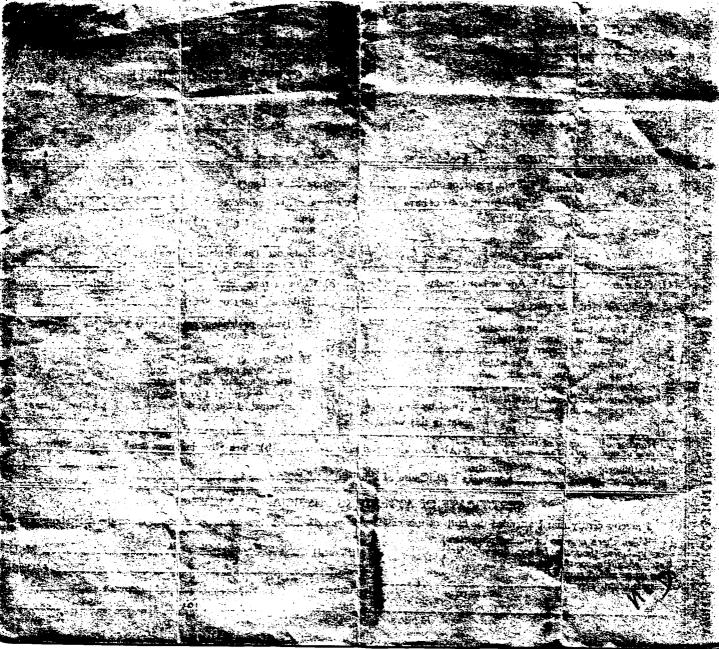
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	· · · · · · · · · · · · · · · · · · ·	
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re than	1. PLACE OF RECEIVED SEP 7 1933	STATE OF IDAMO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
B S	City of Idaho Falls 137 D. 5	CERTIFICATE OF BIRTH
1	No	214603
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리하	رسست محبها	tion District No. 2 / 4 0 Local Registrar's No. 360
Z S	2. PULL NAME OF CHILD Stallbard	Russell
CORD.	3. Sex If plural 4. Twin, triplet, or other 6. Problem 5. Number, in order of birth Fu	
E P	9. Full FATHER	18. Full MOTHER
- T X I	name Ed Russell	maiden 7
PERMANENT ch, and the numb	10. Residence (usual place of abode) 7 allo (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and state)
Z g	11. Color or race 12. Age at last birthday (years)	
THE B	13. Birthplace (city or place)	22. Birthplace (city or place)
A P	(State or country)	(State or country) 23. Trade, profession, or particular kind
ত্ৰ হ	14. Trade, profession, or particular kind of work done, as spinner,	of work done, as housekeener.
25 A	Sawyer, bookkeeper, etc.	typist, nurse, clerk, etc.
E	✓ work was done, as silk mill,	work was done, as own home,
7.3	L L commill have etc	
百百	16. Date (month and year) last engaged in this work 17. Total time (years)	O engaged in this work 26. Total time (years)
Ç z	o spent in this work	spent in this work
2	27. Number of children of this mother (At time of this birth and installing this child) (a) Born alive and no	ow living (b) Born alive but now dead (c) Stillborn
ATE R	28 If willham a Clare months	Before labor
	period of generation or weeks 29. Cause of stillibit	b During labor
WITH 8 Sepa	CERTIFICATE OF ATTENDIN	IG PHYSICIAN OR MIDWIFE
≯ a	I hereby certify that I attended the birth of this child, who	was stillion at A m. on the date above stated.
SE	TTT (f and the adjum affection)	BORN ALES OR STILLBORN
AINLY at birth	or midwife, then the father, householder, (S	Signed) M. D.
Ž <sub>2</sub>	China mana midad from	Midwife
13	a supplemental report (DATE OF)	diress Troberto Dela
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8	Registrar.	Registrar.
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RECEIVED SEP 13 1938 STATE OF IDABO PLACE OF BIRTH DEPARTMENT OF PUBLIC WHENESE 214643 County of Can we want BURNAU OF VITAL SEATISTICS City of Cald Trell N. B.—In case of moreson, in order of birth CERTIFICATE OF BIRTH No 202 Sa 24 Memorial Park YorPi State File No. ... Registration District No. (If born in hospital or institu-Prim. Registration District No. 2005 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD 7. Legiti-8. Date of (f plura) 3. Sex Y= 5 births 5. Number, in order of birth..... Full term mate!.... 18M number of MOTHER 9. Full FATHER 18. Full maiden name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) PERMANENT each, and the 11. Color or race (2) 1 12. Age at last birthday 19. (years) 20. Color or race. (1). h. | 21. Age at last birthday. 1.17. (years) 13. Birthplace (city or place) (Dayland 22. Birthplace (city or place) [...] (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as animer, sawyer, bookkeeper, etc. typist, nurse, clerk, etc..... 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk milk made lawyer's office, silk mill, etc. A.Lu.m. 25. Date (month and year) 26. Total time 2 16. Date (month and year) last engaged in this work 17. Total time (years) spent last engaged in this work in this work sesent 1933 in this work.... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNIFADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. O.. (b) Born alive but now dead... O. (c) Stillborn... Before labor..... months or weeks 30. Cause of stillbirth 29. If stillborn, all leven period of gestation..... During labor. CERTIFICATE OF ATTENDING PHYSICIA I hereby certify that I attended the birth of this child, who was Let ...... m. on the date above stated. When there was no attending physician i or midwife, then the father, henseholder, etc., should make this return. Give name added from a supplemental report..... Registrar. TOWN MANY OF

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RECO.	2. FULL NAME TO alry Layhart	
N H N	(a) Residence. No	(If ponresident give city or town and state)
	Length of residence in city or town where death of curred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U.S., if of foreign birth? yrs. mos. ds.
CTLY CTLY sified	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
¥5 ii	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) Qua 29. 1935
SKX Sky	male white	22. I HEREBY CERTIFY, That I attended decorated from 193 to 193
E b his	5a, If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw halive on193: death is said
A tat		to have occurred on the date stated above, at him.
SI SE	6, DATE OF BIRTH (month, day, and year) The County 29-33 7, AGE Years Months Days A LESS than	The principal cause of death and related causes of Amnortance were as follows:
H P P P	day,hrs.	Stillian
hou tay	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	(abrustio Elscentes)
N H H	9. Industry or business in which	
A G	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at 11. Total time (years)	· · · · · · · · · · · · · · · · · · ·
E C. T.	10. Date deceased last worked at this occupation (menth and spent in this	Other contributory causes of importance:
P P	year) occupation	77
A Land	12. BIRTHPLACE (city or town)	Comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the comment of the commen
Se te	13. NAME R. L. Sarchart	Name of operation Date of
t fett	14. BIRTHPLACE (city or town) Sasking	What test confirmed diagnosis? Was there an autopsy?
W are	(State or country)	23. If death was due to exter causes (violence) all in elso the following:
H P C C	15. MAIDEN NAME Aberta Earner	Accident, suicide, or homicide?
JA T	5 16. BIRTHPLACE (city or town)	(Specify city or town, county, and State)
LAI ihou DE/	17. INFORMENT Ralph & Maykart	Specify whether injury occurred in industry in home, or in public
<b>A W</b> · · ·	(Address)	Manner of injury
TE Intion 3 OF	18. BURIAL, CREMATION OR REMOVAL Carry on Hul Place Alauli da Date St. 30 180	Nature of injury
WRIT	19. UNDERTAKER C. Jeskhamp	24. Was disease or injury in any way related to occupation of deceased?
WR	(Address) Caldyelf ga	If so, specify R LIX III I A A A A
H OH	20. FILED 9-2, 1993 Johns. Meyer	(Signed) 10 Address) To addurall I I all
ż	Jegistrar.	(Address)

MARGIN RESERVED FOR BINDING

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN			

ED SEP 11 1933 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of 222 BURNAU OF VINAL STATISTICS City of Pre CERTIFICATE OF BIRTH Registration District No. State File No. (If born in hospital or institu-Prim. Registration District No. 2.119 tion give name.) Local Registrar's No... 2. FULL NAME OF CHILD A S 4. Twin, triplet, or other.......... 6. Premature.... (f plura) 8. Date of 3. Sex births birth miles 5. Number, in order of birth..... Full term..... RECORD. mate?... 9. Full/ FATHER 18. Full MOTHER name maiden name / 10. Residence (usual place of abode)
(If non-resident give place and State)... 19. Residence (usual place of abode) PERMANENT each, and the (If non-resident, give place and State).... 11. Color or race. 12. Age at last birthday 12. Years 20. Color or race. | 21. Age at lest birthday. (years) 22. Birthplace (city or place)....... (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, kind of work done, as spinner, farming for CUPATION OCCUPATION sawyer, bookkeeper, etc ..... typist, nurse, clerk, etc. ..... 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill. work was done, as own home. sawmill, bank, etc.... lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) spent must be 16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADENG a Separate Betura 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead.....(c) Stillborn..... h /2 | months Before labor..... 29. If stillborn, or weeks 30. Cause of stillbirth.... period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWELL I hereby certify that I attended the birth of this child, who was n. on the date above stated. RITE PLAINLY no child at birth When there was no attending physician ! (Signed) ..... or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report....(Date of) Address Registrar.

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,	ry item of nould state OCCUPA.	PLACE OF DEATH DEPARTMENT BUREAU	STATE OF ID. NT OF PUB U OF VITAL S	LIC WELFARE	DO NOT WRITE IN	THIS SPACE
	2 st	City of VII	FICATE O	F DEATH	State File No	400
,	NNS cont	Primary Regi	stration Distric	ct No	Local Registrar's	No. 2 3 0
	RECORD. PHYSICIA	(No(If death occurred in a hospit	Tinstitution,	give its name instead	of street and number.)	206
	. – × 1	(a) Residence. No	l. yrs. mos.	ds. How long in U	If nonresident give city or . S., if of foreign birth?	town and state) yrs. mos. ds.
	ANENT CTLY. fied. E	PERSONAL AND STATISTICAL PARTICUL		MEDIC	CAL CERTIFICATE OF DE	АТН
ING	ERMAN EXACT	Lemale while or Stell	rried, Widowed,		(month day, and year) 8- EPTIFY, That I attended	
BINDING	PE ed E	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of		I last saw halive	on,	
FOR B	IS IS A I be stat proper	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days	9-33 If LESS than 1 deshrs.		the date stated above, at of death and related caus	
VED	TH hould by point of ce	8. Trade, profession, or particular	or min.	sull	usu	
<b>~</b>	INK-GE git mg	9. Industry or business in which work was done, as silk mill, saw mill, bank etc		Qued 1	uleio	_
	DING lied. A so that ction on	kind of work done, as spinner,  Sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time spent in ty occupation.	his	Other contributory	causes of importance:	
RGIN	FA nas	12. BIRTHPLACE (city or town) Juntury (State or country)	et Dia			
MA	i te √ c	13. NAME Let They gust  14. BIRTHPLACE (city or town)  (State or country)				Date of
	WITH carefull n plain it. See	14. BIRTHPLACE (city or town)	Lolio		diagnosis?	
		15. MAIDEN NAME Wiming But 16. BIRTHPLACE (city or town) (State or country)	au	1	homicide? Dat	
	LAINLY should be DEATH y imports	16. BIRTHPLACE (city or town) (State or country)	olio	Where did injury o	ccur?	
		17. INFORMENT (Address) Jen	luis	place.		
	ITE Purion E OF	18. BURIAL, CREMETION OR REMOVAL Place Date Date	710 , 193 <b>3</b>	Nature of injury		
	-WRITE informatio CAUSE O	19. UNDERTAKER O. 6. 1 hours (Address)	Ida	24. Was disease or inj	ury in any way related to occ	upation of deceased?
	H C H	20. FILED 8-31- , 193 3 9 H line	Registrar.	(Signed) (Address)	Inline	M.D.
	harr .					

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative nealthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		
	···			

PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORI see of more than one child at birth a SRPARATE RETURN must be made each and the number of each, in order of birth stated.	City of Woseow	STATE OF II EPARTMENT OF PUE BUREAU OF VITAL CERTIFICATE (	STATISTICS  OF BIRTH 214893
	No		State File No
	FULL NAME OF CHILD Securation Series (Certificate of no value without full name of child)		
	Sex of Twin and Number in order or other? and third in order of birth (To be answered only in event of plural bi	Legiti- mate?	Date of 1923 birth (Month) (Day) (Year)
	What bactericidal solution was used in eyes? Not muched		
		amber of child of this mother n	ow living, including present birth 3
	FULL FATHER NAME LEO X e WITH	FULL MAIDEN NAME Vola &	MOTHER Vangeline Otter
	RESIDENCE Prices East of Wascow	RESIDENCE &	Ig Woscow
	color white AGE AT LAST 32 BIRTHDAY (Years)	- Whit	AGE AT LAST 32 BIRTHDAY (Years)
	BIRTHPLACE Rainsboro alio	BIRTHPLACE	sk S. Dakota
	occupation farmer	OCCUPATION HO	usewife
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE		
	I hereby certify that I attended the birth of this child, who was Stillborn at on the date above stated.		
	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	nature) D-J	m. zeven
WRITE -In ca	shows other evidence of the after birth.	(I	Physician or figurife)
E H	Give names added from a supplemental report.	THUSEO	up sepho
z		F1,2/22	Mary Canhouse
	Filed Registrar.	1.4	Registrar.

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of \_\_\_\_ BUREAU OF VITAL STATISTICS O City of 222 CERTIFICATE OF BIRTH Registration District No.... State File No.... Local Registrar's No. Z 7 (If born in hospital or institution Prim. Registration District No. 10 // give name.) 2. FULL NAME OF CHILD..... RECORD. 8. Date of 3. Sex births 5. Number, in order of birth\_\_\_\_ Full term\_\_\_\_ MOTHER FATHER 18. Full 9. Full maiden name name Marie Elle PERMANENT ch, and the numb 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and state)\_ (If non-resident, give place and State 11. Color or race 12. Age at last birthday 25 (years) 20. Color or race\_\_\_\_\_\_21. Age at last birthday (years) in a 622 Birthplace (city or place) 13. Birthplace (city or place) (State or country) (State or country) < 8 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as spinner, OCCUPATION typist, nurse, clerk, etc\_\_\_\_\_ sawver, bookkeeper, etc. 24. Industry or business in which 15. Industry or business in which work was done, as own home, . . work was done, as silk mill, lawyer's office, silk mill, etc .... sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work engaged in this work 26. Total time (years) spent in this work spent in this work \_\_\_\_ WITH UNFADING 8 Separate Return 27. Number of children of this mother (At time of this pirth and including this child) (a) Born alive and now living \_\_\_\_ (b) Born alive but now dead\_\_\_\_ (c) Stillborn Before labor months 28. If stillborn. 29. Cause of stillbirth. West martificate | During labor\_ or weeks period of gestation... CERTIFICATE OF ATTENDING PHYSICIAL OR MINWE .m. on the date above stated. I hereby certify that I attended the birth of this child, who was (BORN ALIVE OR STILLBORN) When there was no attending physician ) or midwife, then the father, householder. (Signed) \_\_\_\_\_ etc., should make this return. ... Midwife Give name added from a supplemental report\_\_\_\_\_ Address . (DATE OF) Registrar. Registrar.

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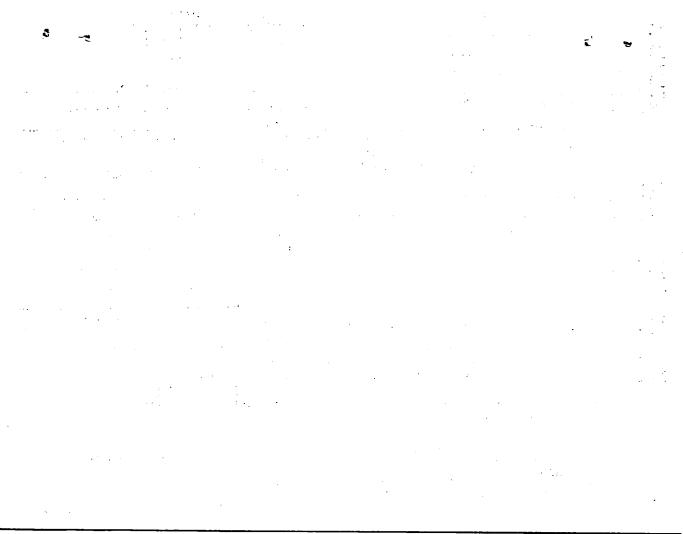
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0 <del>2</del> D	STATE OF ID	
item Id sæ	RUREAU OF VITAL	
very its should t of O	County of Minister CERTIFICATE O	F DEATH   State File No
ah ah ut	City of Registration District No	
M S is	Primary Registration Distri	
TA I	(No	<b></b>
OE SIC St	(If death occurred in a hospital or institution,	give its name instead of street and number.)
RECORD PHYSICI/ Sxact state	2. FULL NAME Harry Thomas Schap	Jo o
. 4 4	(a) Residence. No	St,  (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
NENT ILY. iied.	Length of residence in city or town where death occurred. yrs. mos.	ds. How long in U.S., if of foreign birth? yrs. mos. ds.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E CA E	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 1935
PERM FEXAC FEXAC F class		22. I HEREBY CERTIFY, That I attended deceased from
Pi Pi Pi Pi Pi Pi Pi Pi Pi Pi Pi Pi Pi P	5a. If maried, widowed, or divorced HUSBAND of	Plast saw haralive on 193 death is said
ik Binj IS A Pi stated i roperly certificat	(or) WIFE of	to have occurred on the date stated above, atm.
ISI SE SE SE SE SE SE SE SE SE SE SE SE SE	6. DATE OF BIRTH (month, day, and year) Judge 24, 1933  7. AGE Years Months Days If LES than	The principal cause of death and related causes of importance were as follows: 1
of o	7. AGE Tears Months	Stillian
E TE	8. Trade, profession, or particular	
m m s k		
SE SE SE SE SE SE SE SE SE SE SE SE SE S	9. Industry or business in which work was done, as silk mill, saw mill, bank etc	
tion and the	work was done, as silk mill, saw mill, bank etc	Other contributory causes of importance:
DIP ed.	10. Date deceased last worked at this occupation (month and vear) spent in this occupation	
RAJ pplij	19 PIPTUPI ACE (city on town) Respect	
S up	(State or country)	
E E E E E E E E E E E E E E E E E E E	13. NAME Harry Schafer	Name of operation Date of
IT.	13. NAME Harry Schafer  14. BIRTHPLACE (city or town)  (State or country)	What test confirmed diagnosis? Was there an autopsy?
W Car		23. If death was due to exter Icauses (violence) all in also the following:  Accident, suicide, or homicide?
y,Y,	15. MAIDEN NAME (state or country)  15. MAIDEN NAME (state or country)  (State or country)	
IN PAT in	16. BIRTHPLACE (city or town)   Shelly   (State or country)	Where did injury occur? (Specify city or town county, and State)
LA]	17. INFORMENT Harry Schafer	Specify whether injury occurred in industry in home, or in public
A 5 14 39	(Address)	Manner of injury
TE STE	18. BURIAL, CREMATION, OR REMOVAL Place Date	Nature of injury
WRITE formation AUSE O	19. UNDERTAKER WASoodwan	24. Was disease or injury in any way related to occupation of deceased?
GAT FA1	(Address)	If so, specify
J	20. FILED Aug 4, 1933 EN Tolune	(Signed) , M. D.
ż	Registrar.	(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	•		

1	RECEIVED SEP 11 19	20
ੂੰ <b>ਬ</b> ਪ੍ਰ	1. PLACE OF BIRTH CEIVED SEP 11 19	33
<b>E</b> 5	County of Janua Claha	DEPARTMENT OF PURIC WELFARE 91 40 C 1
more irth s	City of Peaket	BOKETO OF ALIVE STATESTICS CT 720 T
를		CERTIFICATE OF BIRTH
9	(It have in hearth) Registration	District No. 19 State File No.
cas	(If born in hospital or institu- tion give name.)	tration District No. 2015 Local Registrar's No. 105
in or	2. FULL NAME OF CHILD Stillburth	
<b>84</b>		- Journage
N. B.		6. Premature 747. Legiti- Full term meta 8. Date of birth birth 1883
RECORD.	Mule births 5. Number, in order of birth./	Full term mete birth birth 1987
S S	9. Full FATHER	18. Full MOTHER
NA THE	Joeslie 9 Journey	maiden Pearl Ofal wagner
H 0	10. Residence (usual place of abode)	
F	11. Color or race 11. Age at last birthday (year	(If non-resident, give place and Stern Mundela)
PERMANENT	13. Birthplace (city or place) Lausas	- (Years)
PERL	(State or country)	22. Birthplace (city or place) Asserting Telly Man
Pa	Killy of work done as sninner //	23. Trade, profession, or particular kind
S A for	sawyer, bookkeeper, etc Davoll	of work done, as housekeeper, typist, nurse, clerk, etc.
ig i	Work was done	24. Industry or business in which
be mad	sawmill, bank, etc	work was done, as own home, lawyer's office, silk mill, etc.
18	sawmill, bank, etc	25. Date (month and year) last engaged in this work 26. Total time (years) spent
nust		
	27. What prophylactic was used to prevent Orbithalmic h	Jeonatorum?
	hao tramper of children of this mother (we time of this bir	th and including this child)
UNFADING ate Return	(a) Born alive and no	w living(b) Born alive but now dead(c) Stillborn
53	29. If stillborn, months or weeks 30. Cause of sti	llbirth Before labor
		During labor
WITH Sepa	CERTIFICATE OF ATTENDI	NG PLYSTELLY OR MID THE
- 4		who was formally or Bullborn. on the date above stated.
LAINLY at birth	When there was no attending physician ( or midwife, then the father, householder, )	OIXE //
3 8 1	( etc., should make this return.	, м. D.
~ ~ *	GIVE HANDE ACCOUNTING	Midwife , Midwife
	(Date of)	ddress Leifest
¥ 6 €	Registrar.	100 - 1003 Est Elmore
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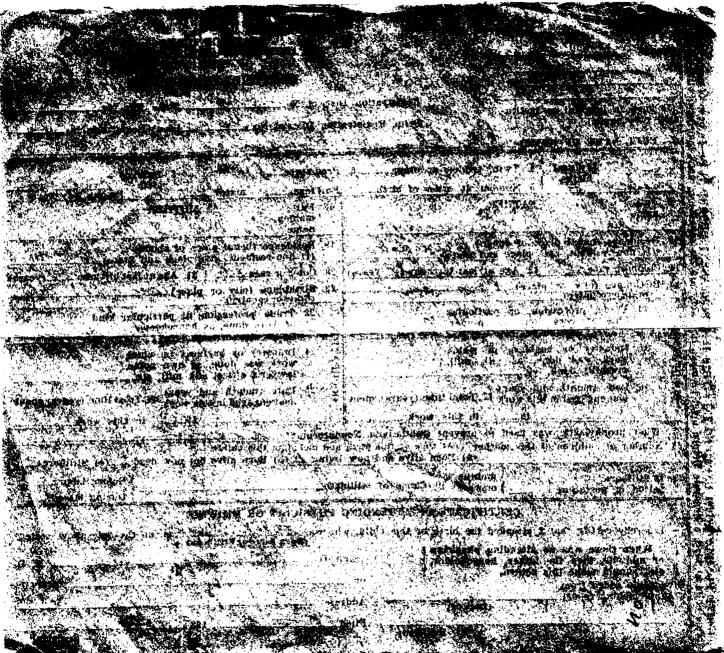
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ALTERNATION IN

RECEIVED SEP 11 193 PLACE OF BIRTH TATE OF COARD County of Mundales DEPARTMENT BUBLE WELFARE City of Kulest BURBAU OF VITAL STATISTICS CERTIFICATE OF BIRTH In case nordero (If born in hospital or institution give name.) Prim. Registration District No. 20/ Local Registrar's No. 10 2 2. FULL NAME OF CHILD dousinges m d If plural 4. Twin, triplet, or other....... 8. Premature... 3. Ser oriti-8. Date of .birtha birth \_\_\_\_ 5. Number, in order of birth.... RECORD. Full term..... met All 9. Full FATHER. 18. Full MOTHER name maiden name (less alal, avanes 10. Residence (usual place of abode) Ministella.

(If non-resident, give place and state) 19. Residence (usual place of abode) million PERMANENT each, and the (If non-resident, give/place and State) 11. Color or race 1 12. Age at last birtheav 29 (years) 20. Color or race .... | 21. Age at last birthday 2.2 (years) 22. Birthplace (city or place) Que Halle Oda (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. OCCUPATION typist, nurse, clerk, etc. 15. Industry or business in which made 24. Industry or business in which work was done, as own home. lawyer's office, silk mill, etc. 9 16. Date (month and year) 25. Date (month and year) last engaged in this work 26. Total time (years) spent last engaged in this work 17. Total time (years) spent must ....., 19...... in this work...... in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Retain 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living .....(b) Born alive but now dead......(c) Stillborn 3..... 29. If stillborn. months Before labor..... period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was still town at I m. on the date above stated. When there was no attending physician / or midwife, then the father, householder, (Signed) ..... etc., should make this return. Give name added from ...... Midwife WRITE One chile Address (Kulest Filed 7 Registrar.



4)	RECEIMING 29 1933	STATE OF IDAHO
RECORD ust be made	D)	EPARTMENT OF PUBLIC WELFARE 2 1 5 0 0 1
RI na	County of County of County	BUREAU OF VITAL STATISTICS 610001
<u> </u>	City of Managdale	DOMENTO OF VIIME BINIIDIIO
<u> </u>	City of Augustian	CERTIFICATE OF BIRTH
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	1101	/17
	Registration Distr	rict No. State File No.
ũz;	(If born in hospital or institution give	7/10 x 2/60 x 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ZMS	name.)	n District No. 2/80 Local Registrar's No27
		the -
	FULL NAME OF CHILD (If stillborn su	bstitute the word "Stillbirth" for name of child)
였으셨		
	Twin Number	Legiti- Date of A - 2101
	Sex of Child W / Child or other?	birth 19.55
4 4 A	Child or other? Jor birth (To be answered only in event of plural bir	
	- L WOOD	//
-THIS IS A PERMANENT RECO a SEPARATE RETURN must be in order of birth stated.	What prophylactic was used to prevent Ophthalmia Ne	onatorum 7 °
	2	(a) Born alive and now living
2007	Number of child of this mother, including present birth.	(a) Born alive and now hving
1	Born alive but now dead	. Stillborn.
INK- Firth each,		FULL MOTHER
INK- birth each,	FATHER	MAIDEN VOLUME MOTHER
	FULL Speder set a. Musea	NAME PORRE SOURCE
ರ್ಷ ಭ	Residence Of Man of D. A.	Residence Quality
Z	(Usual place of abode)	(Usual place of abode)
253	If non-resident.	If non-resident,
H UNFADING an one child a the number o	give place and State	give place and State
E e E	Color or race Age at last birthday	Color or race Age at last birthday
K 5	(Yeafs)	Middle ten . I delet (Years)
ي ا	Birthplace will, sees.	Birthplace (City and State or County)
	Sirtinglace (Vity and State or County)	10.40
VITH Per than	Occupation J'answing.	Occupation Activity
PLAINLY WITH case of more than for each and t	CERTIFICATE OF ATTENDIN	C PHYSICIAN OR MIDWIFE
9.73	CERTIFICATE OF ATTEMBLE	(CR
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一気もし	I hereby certify that I attended the birth of this	child, who was Stillborn at
7.2	on the date above stated.	TO M
Y # 7	· · ·	lature) // // // // // // // // // // // // //
PLAINLY case of m for eac	(Sign	ature)
F. 5	(*Where there was no attending physician or mid-)	Typican
<b>2</b> 7	lwife then the father, householder, etc., should!	(Physician or midwife)
<b>≒</b>	make this return. A stillborn child is one that neither breathes nor shows other evidence of life	
WRITE 1 B. — In	after birth. Address nor shows other evidence of the	ess JOPY LLANE DULL
		8-26 1933 F. a. Mush
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(a) Residence. No.  (Busile place of abode)  Length of residence in city or town where death occurred.  (Busile place of abode)  Length of residence in city or town where death occurred.  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COLOR OR RACE  5. Single, Married, Widowed, or Divorced (write the word)  5a. If marked, widowed, or divorced (write the word)  (b) Wife of  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  8. Trade, profession, or particular sawyer, beakeeper, etc.  9. Industry or business in which word was done, as eith mill, saw mill, bank, etc.  10. Date decessed last worked at 11. Total time (years)  10. Date decessed last worked at 12. Birthflace (city or town)  10. Birthflace (city or town)  11. Single place of abode)  12. Birthflace (city or town)  13. NAME Accident, substantial place of abode)  14. Birthflace (city or town)  15. Maddress)  16. Birthflace (city or town)  17. NOOMENT  17. NOOMENT  18. BURIAL, CREMATION, OR REMOVAL  19. Date of on public or country)  17. NOOMENT  18. BURIAL, CREMATION, OR REMOVAL  19. Date of on public or country  19. UNDERTARE  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTARE  (Address)  19. Was disease or injury in anyway related to occupation of decessed of the decessed form  19. State or country  19. Was disease or injury in anyway related to occupation of decessed decessed form  19. State or country  19. Was disease or injury in anyway related to occupation of decessed decessed form  19. State or country  19. Was disease or injury in anyway related to occupation of decessed decessed form  19. State or country  19. Was disease or injury in anyway related to occupation of decessed decessed form  19. State or country  19. Was disease or injury in anyway related to occupation of decessed form  19. State or country  20. Filled F. Dull Tirk in the word  21. Date of night in the word  22. Was disease or injury in anyway related to occupation of decessed form  24. Wa	RECORD. Every item of PHYSICIANS showld statement of OCCUPA.	County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County	STATISTICS  F DEATH  State File No
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I last saw h. alive on.   193.   death is said to have occurred on the date stated above, at.   The principal cause of death and related causes of importance were as follows:    A	MA AG sifi	3.SEX 4. COLOR OR RACE or Divorced (write the word)	
The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related causes of importance were as follows:  The principal cause of death and related cause	Argh	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	
9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  13. NAME	S IS be at prop	7. AGE Years Months Days If LESS than 1 day, hrs. or min.	The principal cause of death and related causes of importance
Name of operation  Date of  What test confirmed diagnosis?  Was there an autopsy?  (State or country)  15. MAIDEN NAME  More of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part o	GINE AGE hat it n	9. Industry or business in which work was done, as silk mill, saw mill, bank etc	Other contributory causes of importance:
Accident, suicide, or homicide?  15. MAIDEN NAME Move from Marked to the following:  16. BIRTHPLACE (city or town) Marked from the following:  17. INFORMENT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place from the following:  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)	supplie erms, so	12. BIRTHPLACE (city or town) (State or country)	
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Specify whether injury occurred in industry in home, or in public place.    17. INFORMENT (Address)   18. BURIAL, CREMATION, OR REMOVAL Place   Date 8.25, 198.7   198.7   198.7   19. UNDERTAKER (Address)   19.	LAINLY, WI should be care DEATH in pl	15. MAIDEN NAME Volume in withe 16. BIRTHPLACE (city or town) Middletta u	Accident, suicide, or homicide? Date of injury, 193.
Place at the Date 1, 2, 1, 1923  Place at the Date 1, 2, 1, 1923  Nature of injury.  Nature of injury.  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  (Signed)  (Signed)		17. INFORMENT	place.
90 FILED 8-26 1933 9. G. Massa. (Signed)	H E E	18. BURIAL, CREMATION, OR REMOVAL Place A Promission Date 9. 2.5., 1983	Nature of injury
90 FILED 8-26 1933 9. G. Massa. (Signed)	nform CAUS		If so, specify
	Z Z	20. FILED 8-26, 1933 F. G. Marsh. Registrar.	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week age
Chronic interstitial nephritis	1921	Run over by street car	1 week age
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days age
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

N. B.—In case of more than in order of birth stated.		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE 2 15 () 5 5 BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH  Strict No. 3 7 State File No. on District No. 2.28 1 Local Registrar's No. 2.41
ENT RECORD. I number of each, to	3. Sex   If plural   4. Twin, triplet, or other   6. Pre male   births   5. Number, in order of birth   Full   FATHER	il term birth_u_y
PERMANENT ch, and the numb		maiden name Beatrice Gangales  19. Residence (usual place of abode)  a (If non-resident, give place and state Kimberly, Ida-  20. Color or race Me.c. 21. Age at last birthday 16. (years)
THIS IS A PERM made for each, and	13. Birthplace (city or place) Meclac (State or country)  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill,	22. Birthplace (city or place) Maxico (State or country)  23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, slik mill, etc.  25. Date (month and year) last engaged in this work  26. Total time (years)
WITH UNFADING INK—  B SEPARATE RETURN must be	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now	25. Date (month and year) last engaged in this work  26. Total time (years) spent in this work
TH UN	28. If stillborn, 6 months 29. Cause of stillbirth  CERTIFICATE OF ATTENDING	h Injury by fall, During labor.
WRITE PLAINLY WIT	I hereby certify that I attended the birth of this child, who we will be with the was no attending physician and the father, householder, and the father, householder, and the father will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be	wa Stillporp (I2: 50m. on the date above stated.  BORN ALLEGAN)  Igned)  M. D.  Midwife  dress Kimberly, Idaho  ed Mag. 14 , 1933 Les C. Nalley Will  Registrar.

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RECEIVED SEP 13 1933 STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELKAM County of Washington BUREAU OF VITAL STATISTICS 215092 RECORD City of - deiser Idaha CERTIFICATE OF BIRTH the and No.\_\_\_\_ \_\_\_\_State File No.\_ Registration District No\_\_\_\_\_ Weiser Hospital Prim. Registration District No. 2//2. Local Registrar's No. (If born in hospital or institution PERMANENT give name.) Š 2. FULL NAME OF CHILD\_\_\_\_\_Stillborn\_\_\_\_ made If plural 4. Twin, triplet, or other\_\_\_\_\_6. Premature Year. Legiti-8. Date of birth Aug. 14. 1933. 3. Sex mate?\_Yes £ (MONTH, DAY, YEAR) births 5. Number, in order of birth\_\_\_. Full term\_\_\_\_ MOTHER Lale 18. Full FATHER 9. Full maiden name Leta E. Leachago name Clarence Scott Wesbitt RETURN the stated. 19. Residence (usual place of abode) (If non-resident, give place and State) Waiser Idaho. 10. Residence (usual place of abode) (If non-resident, give place and State) Weiser Idaho. 20. Color or race Dite 21. Age at last birthday 37 (years) 11. Color or race hito 12. Age at last birthday 37 (years) 22. Birthplace (city or place) \_\_\_PrescottLova\_\_\_\_\_ SEPARATE in order of birt 13. Birthplace (city or place) \_\_\_Falk Idaho\_\_\_\_ (State or country) 23. Trade, profession, or particular kind (State or country) 14. Trade, profession, or particular of work done, as housekeeper, WITH UNFADING INK kind of work done, as spinner. OCCUPATION sawyer, bookkeeper, etc. \_\_\_\_\_Stockman-24. Industry or business in which 15. Industry or business in which work was done, as own home. lawyer's office, silk mill, etc.\_\_\_\_Orm\_Home\_\_\_\_ work was done, as silk mill, sawmill. bank, etc. \_\_\_\_\_ 25. Date (month and year) last 16. Date (month and year) last 17. Total time (years) 26. Total time (years) engaged in this work spent in this work 6engaged in this work 4 spent in this work\_20 July 1 192283 Ä (At time of this birth and including this child) (a) Born alive and now living  $\Omega_{-}$ (b) Born alive but now dead  $Q_{-}$ (c) Stillborn  $Q_{-}$ one child 29. Cause of stillbirth Pre-eclamptic Toxemia \_\_\_\_ During labor\_\_\_\_\_ months 28. If stillborn. period of gestation 8 months or weeks more than VRITE PLAINLY CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Stillhorn at 6:00 m of the date above stated.

When there was no attending physician ) When there was no attending physician) 70 or midwife, then the father, householder, etc., should make this return. Midwife Give name added from a supplemental report\_\_\_\_\_ (DATE OF) Filed Len Registras. Registrar.

THE WART OF THE SECOND Water but and the little (4) Residence (wash place of distal) The good residence, one of some seal states (years) 20. Come on once ...... 21. Age or last buy buy last 12 lone Color or well To The San Int. Markey The method of the standard to throw were as the own to Wilder of the State of the State of The topol areas after THE RES CASH NOW TO MAKE Maryles, Des Steept, 2:5. -- There are Industry on instant and its work was gotte, pe onen street 15. Industry or business in wife lamper a collect side with con-The Ale of July 1847 Alee 23. Date incomes and years has ---- Na Jan Himma Manager man foot at Joen will be become The troop and I have been und water COLOR DE WALL - Appear for the name. Lot de Asi The Power letter a semiconde de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania del la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania del la compania de la compania de la compania de la compania de la compania de la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la compania del la c STRENCKIE OF KITEVOING PIPETONE OR MIDWIRE. and or incline Linguist early their Transact the high of this civil, who was When short was an attend programmy on gathers. Here has balled forwardedour שי בשנה שליכנו שמות

# # # H	THE CEIVED SED 13 1000 STATE OF ID	DAHO	
etate CCU	JLP 10 MAA	BLIC WELFARE DO NOT WRITE IN THE	S SPACE
e = 0 e = 1:	BUREAU OF VITAL	STATISTICS	EMME
F 6 4	CERTIFICATE O	F DEATH   State File No. O	0110
1 P	City of Registration District No	()' ( <sub>1</sub>	
ORD. E. ICIANS statement	Primary Registration District		12
Z N	Frimary Registration Distri	ct No Local Registrar's No	
RECORD HYSICI/  Xact state	(No	)	Λ(,
SORD. SICIA t state	(If death occurred in a hospital or institution,	give its name instead of street and number.)	(1 <b>V</b> )
	2. FULL NAME		
PHY Bxac	(a) Residence. No.	St. (If nonresident give city or town	
	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	ds. How long in U. S., if of foreign birth? yrs.	mos. ds.
NENT IV. 1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
		<u> </u>	
MANE) ACTLY assified.	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)		<u> 14-1933</u>
	Il whit single	22. I HEREBY CERTIFY, That I attended decease	
	5a. If maried, widowed, or divorced HUSBAND of	dry 14 , 193 , to any	Y, 193
	(or) WIFE of	I lost sew h alive on 103	death is said
ISAP estated properly certifica	6 DATE OF RIBTH (month day and year) Que a 14-18	to have occurred on the date stated above, at	
S IS bes pro f ce	o. Date of Bitti (month, day, and year)	The principal cause of death and related causes of i were as follows:	Date of onset
<b>2</b> 0 - 4	1 dow hre	W. 10110 W. 1	2210 02 0200
	O O Tusy, mis.	5 411.4	
KTH) should nay be back c	8. Trade, profession, or particular kind of work done, as spinner.	a) Tulkbuch	Deg 13,193
K B B	sawyer, bookeeper, etc		
	9. Industry or business in which work was done, as silk mill.		
	kind of work done, as spinner,  sawyer, bookeeper, etc  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this coupetion (month and spent in this	04-0	
	10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:	-
H F F	vear) occupation (month and occupation	Q Solar to MIK	•
F. F. F. F. F. F. F. F. F. F. F. F. F. F	12. BIRTHPLACE (city or town)	The many	
UNI sup term See i	(State or country)	B 44 ( D4// ·	
Pa 402	13. NAME C. J. Resour	Name of operation with believe Date	osang 14,19
/ITH refull plain ant.	13. NAME  14. BIRTHPLACE (city or town)  (State or country)	What test confirmed diagnosis? Was there a	nautopsy? 10
N I I	(State or country)	23. If death was due to exter Tcauses (violence) fill in also	the following:
P. B. H.	\$ 15. MAIDEN NAME Leta In hesby	Accident, suicide, or homicide? Date of inj	ury, 193
d be TH		Where did injury occur?	*******************************
AINI ould EAT ery in	16. BIRTHPLACE (city or town)       (State or country)   (State or cou	(Specify city or town county, an	id State)
LAII houl DEA	a land	Specify whether injury occurred in industry, in home	e, orin public
A . W	17. INFORMENT (Address)	place.	
H Milon H O M		Manner of injury	
<b>=</b>	18. BURIAL, CREMATION, OR REMOVAL Place Live Salvate 193	Nature of injury	······································
WRIT ormat USE TION	E.P. Market	24. Was disease or injury in any way related to occupation	n of deceased?
	19. UNDERTAKER (Address)	M If so, specific	<u> </u>
1 2 2 4	Vin OOLR Hanilla	(Signed) And January	M. D.
m ·	20. FILED Left 12, 1933 Registrar.	(Address) / La dese	1 Kg
Ż	L. JA.		

MARGIN RESERVED FOR BINDING

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

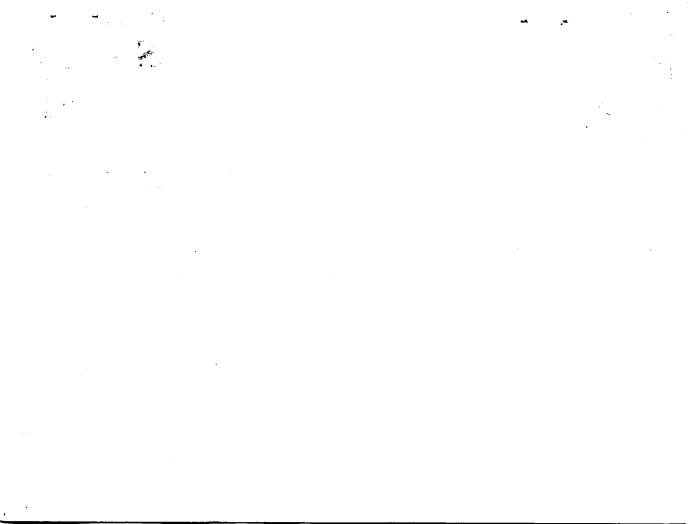
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH	STATE OF IDAHO
County of Add	DEPARTMENT OF PUBLIC WELFARE
,	BUREAU OF VITAL STATISTICS
City of Baise	CERTIFICATE OF BIRE 215132
NoSt.	
St. Lukes Hospital Registration I	District No. State File No.
	ation District No. 100 4 Local Registrar's No. 424
51 Nonth f	Poetus
(If stillbor	n, substitute the word "Stillbirth" for name of child)
Sex of Twin and Sumber in order or other? (To be answered only in event of plurs)	Legiti- mate?es Date of Aug. 20, 19 33 (Month) (Day) (Year)
	Neonatorum?
Number of child of this mother, including present birth	
Born alive but now dead	Stillborn
FATHER	FULL MOTHER
NAME Benjaman T. Newell	MAIDEN Hazel Ann Brown
Residence (Usual place of abode) Horsesnoe Bena, I	Lds Residence Horseshoe Bend
If non-resident, give place and State	If non-resident, give place and State
Color or race Age at last birthday	
Missouri (Year	
Birthplace Missouri (Year (City and State or County)	(City and State or County)
Occupation Puriner	Occupation HW.
CERTIFICATE OF ATTEN	ding physician or midwife*
	See Line
I hereby certify that I attended the birth of the on the date above stated.	nis child, who was Stillborn at 11 P. M.
	Signature AUI DOUS
<b>\</b> -	ignature)
wife, then the father, householder, etc., should	(Physician or midwith
(*Where there was no attending physician or mid- wife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life	
(after birth. ) Ac	ddress
Fi	led 9-1 1933 W. W. Rodle
	Registrar.



NT RECORD. Every . PHYSICIANS shot. . Exact statement of	PLACE OF DEATH  County of Ada.  City of Boise.  CERTIFICATE O  Registration District No  Primary Registration District No  (No. St. Lukes Host (If death occurred in a hospital or institution, 2. FULL NAME Infant Newell (Usual place of abode)  Length of residence in city or town where death occurred. yrs. mos.	STATISTICS F DEATH  Ct No. / DO / Local Registrar's No. 217
ANENT CTLY. sified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NG RMA KACJ lassid	3.SEX Female White 5. Single, Married, Widowed, or Single the word)  5a. If maried, widowed, or divorced HUSBAND of (or) Wife of	21. DATE OF DEATH (month day, and year) Aug. 20 193 3  22. I HEREBY CER'TIFY, That I attended deceased from 193 3  I last say hu alternative 8-24/1933: death is said
VED FOR BINDITHIS IS A PEI hould be stated EX iay be properly of	6. DATE OF BIRTH (month, day, and year) Aug. 20.1933. 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
ADING INK ADING INK olied. AGE 8 , so that it m estruction on	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeepr, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	Other contributory causes of importance:
	12. BIRTHPLACE (city or town) BOISE (State or country) Idaho	
	13. NAME Ben Newell	Name of operation Date of
VITH refully plain aut.	13. NAME Ben Newell  14. BIRTHPLACE (city or town)  (State or country)  Missouria	What test confirmed diagnosis? Was there an autopsy?
PLAINLY, WITH In should be carefully F DEATH in plain 6 s very important.	(State or country) Missouri.  15. MAIDEN NAME Hazel Brown.  16. BIRTHPLACE (city or town) Kansas.	23. If death was due to exter icauses (violence) fill in also the following:  Accident, suicide, or homicide? Date of injury, 193  Where did injury occur? (Specify city or town county, and State)  Specify whether injury occurred in industry in home, or in public
PLA on sho FD Di	17. INFORMENT Ben Newell Bend Horseshoe Bend	place,  Manner of injury
TE Pation S OF	18. BURIAL, CREMATION, OR REMOVAL Place Horseshoe Bend Date Aug. 22. 193 3	Nature of injury
WRITE 1 information CAUSE OF PATION is	19. UNDERTAKER Summers & Krebs (Address) Boise, Idabo	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
Z B B C	20. FILED 8-22 , 1933 W. Registrar.	(Signed) M. D.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

EVAMBLE I

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc.

Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EAAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	<u> </u>
	·····		
	·····		

RECEIVED JUI 215154 PLACE OF BIRTH STATE OF IBARO DEPARTMENT OF PUBLIC WEI County o BUREAU OF VITAL STATIST CERTIFICATE OF BIRTH Registration District No...... SEPARATE REFURM in order of birth stated (If born in hospital or institution. Prim. Registration District No. give name.) FULL NAME OF CHILD... (If stillborn, substitute the word "Stillbirth" for Number Twin Date of Legiti-Bex of Triplet and in order birth matel 2 Child or other? (To be answered only in event of plural births) (Dev) What prophylactic was used to prevent Ophthalmia Neonatonum? Number of child of this mother, including present birth................................. (a) Born alive and now living...... .....Stillborn ...... Born alive but now dead. FULL / number Residence (Usual place of abode)\_\_\_\_\_ Residence (Usual place of abode). If non-resident, give place and State It non-resident, give place and State Color or race..k Color or race. Birthplace . Birthplace ... ty and State or Come(y) and State or County) Occupation .... Occupation ...... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, (Physican or midwife) etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. Registrar.



**.** 

RECEIVED OT 13 1938 TATE OF IDAHO a B. Brech occu-RECORD. Every item. PHYSICIANS should at DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE PLACE OF DEATH BUREAU OF VITAL STATISTICS County of Ada CERTIFICATE OF DEATH State File No..... Boise. statement Registration District No..... Primary Registration District No. 1004 Local Registrar's No..... (No. St Lukes Hospital.

(If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME Kenneth Paul Mills. Residence. No. 3 Miles West of Boise st. (Usual place of abode) (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. Length of residence in city or town where death occurred. yrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, 21. DATE OF DEATH (month day, and year) or Divorced (write the word)
Single. Male. White. I HERERY CERTIFY, That I attended deceased from...... 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of last saw h.....alive on. 6. DATE OF BIRTH (month, day, and year) Sept. 12.193 The principal cause of death and related causes of importance If LESS than 7. AGE Years Months Days 1 day, ..... hrs. 0 or 31 min. 0 റ 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc...... None. OCCUPATION 9. Industry or business in which work was done, as silk mill, saw mill. bank etc..... Other contributory causes of importance: 11. Total time (years)
spent in this
occupation..... 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Boise, Idaho. (State or country) FATHER Harold Paul Mills. 13. NAME Name of operation..... ...... Date of ..... 14. BIRTHPLACE (city or town) Caldwell, Idaho. What test confirmed diagnosis? ...... Was there an autopsy? ... (State or country) 23. If death was due to exter leauses (violence) all in also the following: 15. MAIDEN NAME Marie Neifert. DEATH 16. BIRTHPLACE (city or town) St Anthiny . Idah Where did injury occur? (Specify city or town county, and State) (State or country) Specify whether injury occurred in industry in home, or in public Paul Mills. 2. Boise. Harold 17. INFORMENT Idaho. (Address) Manner of injury 18. BURIAL, CREMATION, OR REMOVAL MORRALS Hill Cemetery DetSept. 13 493 PATION Nature of injury 19. UNDERTAKER Summers & Krebs. 24. Was disease or injury in any way related to occupation of deceased? If so, specif (Address) Boise. Idaho. Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

EYAMPLE I

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker." "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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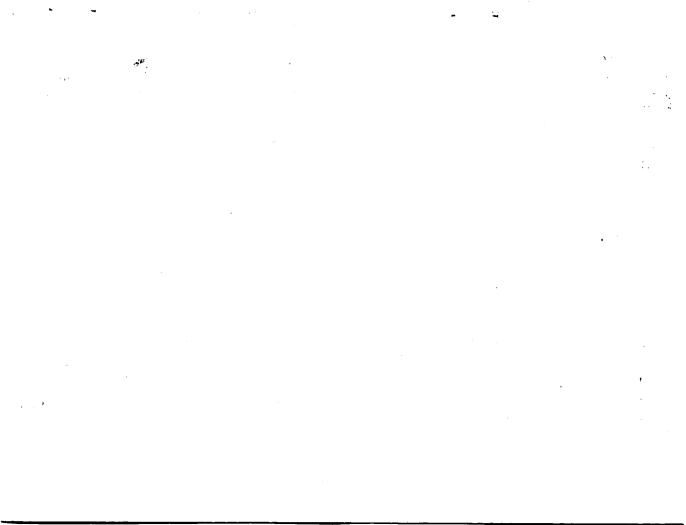
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EVAMOTE II

MARKIT DE 1		· EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year '
	• • •		
ADDITIONAL SPACE	FOR FURTH	ER, STATEMENTS BY PHYSICIAN	
		- A	•••••
	***************************************		***************************************

be made	County of Bannock City of Pocatello	BUREAU OF VITAL STATISTICS
a SEPARATE RETURN must in order of birth stated.	(If born in hospital or institution give name.)  FULL NAME OF CHILD	Legiti- mate? Yes   Date of September 19
case of more than one child at birth a SE for each and the number of each, in or	Born alive but now dead None  FATHER  FULL Arthur Milton Young  Residence (Usual place of abode) C-6 Quinn Apartment.  If non-resident, give place and State	Residence (Usual place of abode) C-6 Quinn Apartments If non-resident, give place and State  Color or race White Age at last birthday 26 (Years)  Rivthplace Portland Oregon
N. B. — In case of more for each a	CERTIFICATE OF ATT	ENDING PHYSICIAN OR MIDWIFE*  Sorn alive  Stillborn  (Signature)  (Physician or midwife)  Address  Filed 9-30 1933  Registrar.



STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I	!	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

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tated EXACTLY, PHYSICIANS Exact statement of OCCUPA-	PLACE OF DEATH  PLACE OF DEATH  County of Bannak  City of Bannak  Certificate of Registration District No.  Primary Registration District  (No.  (If death occurred in a hospital or institution, give its  Ca) Residence. No.  (Usual place of abode)  Length of residence in city or town where death occurred. yrs. mos. ds.	C WELFARE ATISTICS DEATH State_File No. 85843  Local Registrar's No. /8  St. (If nonresident give city or town and State)
ANI fie	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ING PERMANENT should be state rly classified. H	8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DEATH 19.33
BINDING IS A PE AGE shou properly c	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from  Sept 12— 1933, to set 12— 1933
E S S S S S S S S S S S S S S S S S S S	6. DATE OF BIRTH (month, day and year) Seft-12-1933	that I last saw h alive on
	7. AGE Years Months Days / If LESS than 1 day, hrs. or	and that death occurred, on the date stated above, at
ARGIN RESERVED FOR UNFADING INK—TIPE to be carefully supplied terms, so that it may on back of certificate.	8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	The CAUSE OF DEATH* was as follows:  Statistical Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguistics  Linguist
MA WITH should plain t	9. BIRTHPLACE (city or town) Bancroft Ldu (State or country)	(duration)yrsmosds.  18. Where was disease contracted if not at place of death?
tru in it	10. NAME OF FATHER ST. 10: Walsa Joy	Did an operation precede death? Date of
PLAINL nformatio DEATH See inst	11. BERTHPLACE OF FATHER (city or town) (State or Country)  12. MAIDEN NAME OF MOTHER	Was there an autopsy?  What test confirmed diagnosis?  (Signed) , M. D.
	12. MAIDEN NAME OF MOTHER	, 19 (Address)
WRITE item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of item of	13. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Every state C	14. Informant Taken from buth report by Mrs.  (Address) G. G. Fith Registron	19. Place of Burial, Cremation, or Removal Date of Burial 19.
N. B.—should	15. Filed Seff 30, 19.33. Mrs. G. G. Frederick	20. Undertaker Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inantion," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning:

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

struck by railway train-accident; Revolver wound of

head-homicide; Poisoned by carbolic acid-probably sui-

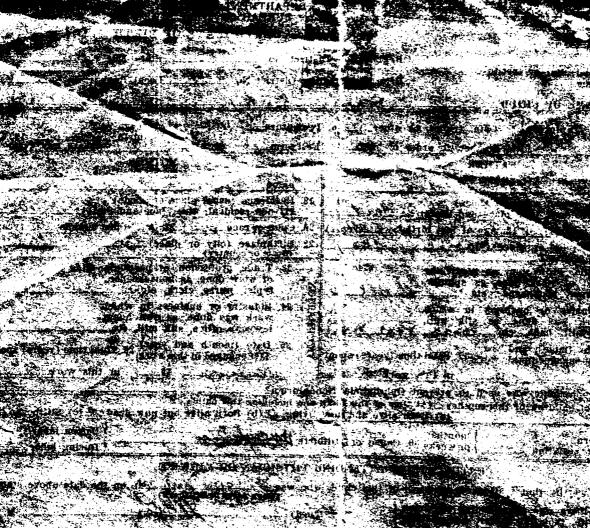
cide. The nature of the injury, as fractured skull, and con-

sequences (e. g. sepsis, tetanus) may be stated under the

head of "Contributory."

Do not accept a certificate of death signed only by a midwife.

366-205-003-26 1. THAT OF BITTE CEIVED JCT 5 STATE OF IDAHO 1933 DEPARTMENT OF PUBLIC WILFARD County of Banneth BUREAU OF VENAL STATISTICS City of Poeatetla. 21522 CERTIFICATE OF BIRTH No St. Cartiony St. Registration District No. 37 Mercy Hospital State File No. (If born in hospital or institu-Prim. Registration District No. 1/6/ Local Registrate No. 359 tion give name.) Babe. Cook 2. FULL NAME OF CHILD 8. Date of ff plural 3. Sex birth. births Finale 5. Number, in order of birth..... Full term.... mate! CORD. MOTHER 18. Full 9. Fn11 FATHER maiden name name 19. Residence (usual place of abode) 440 3. Maix.
(If non-resident, give place and State) 3. Maix. 10. Residence (usual place of abode) 440 5. Main. 11. Color or race. 14. | 12. Age at last birthday 2. Tyears 20. Color or race. dan. | 21. Age at last birthday 19... (years 22. Birthplace (city or place). 13. Birthplace (city or place) Da. K.L. (State or country) (Rinte or country) esch 23. Trade, profession, or particular kind a 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as spinner, for A typist, nurse, clerk, etc. 24. Industry or business in which 15. Industry or business in which made work was done, as own home. lawyer's office, silk mill, etc, .... 25. Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent 2 in this work 2 MAL hresita 19 in this work..... S. ..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ... 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...Q. (b) Born alive but now dead...Q. (c) Stillborn...L.... or weeks 30. Cause of stillbirth Ducesh Before labor..... 29. If stillborn. period of gestation & M.C. During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who we still berst better on the date above stated. Born Alive en When there was no attending physician i (Signed) ..... or midwife, then the father, householder, cto should make this return. Give name added from Registrar. المعتقد المعتود المعاد المعتدد المعتود المعتود



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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTHI D 3 () State File No. Registration District No... 2025 (If born in hospital or institution Local Registrar's No. Prim. Registration District No. give name.) FULL NAME OF CHILD..... 8. Date of RECORD If plural 4. Twin, triplet, or other\_\_\_\_\_6. Premature 2.7. Legiti-3. Sex birth births 5. Number, in order of birth\_\_\_\_ Full term mate? ( MONTH, DAY, YE MOTHER 18. Full **FATHER** Q\_Full and the number A PERMANENT each, and the numb 19. Residence (usual place of abode)
(If non-resident, give place and state). 10. Residence (usual place of cabode) (If non-resident, give place and State) 11. Color or race 12. Age at last birthday 1 20. Color or race\_\_\_\_\_\_\_21. Age at last birthday\_2 13. Birthplace (city or place) 22. Birthplace (ctros) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular g<sub>2</sub> kind of work done, as spinner, of work done, as housekeeper. **OCCUPATION OCCUPATION** typist, nurse, clerk, etc.\_\_\_\_ sawyer, bookkeeper, etc. \_\_\_\_ THIS nade 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawver's office, silk mill, etc ... WITH UNFADING INK—a SEPARATE RETURN must be sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) engaged in this work spent in this work\_\_\_\_ spent in this work \_\_\_. 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn 7 months Before labor ( months 28. If stillborn. 29. Cause of stillbirth period of gestation\_\_\_\_\_ or weeks During labor\_\_\_\_\_ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 10 50 m. on the date above stated. I hereby certify that I attended the birth of this child, who was PLAINLY ald at birth, When there was no attending physician ) or midwife, then the father, householder. (Signed) etc., should make this return. \_ Midwife Give name added from a supplemental report\_\_\_\_\_ Address (DATE OF) Registrar.

The Large of the Park

2	RECEIVED JUT 1 1933 STATE OF IDA	но		
AP.	RECEIVED JCT 1 1933 STATE OF IDA	C WELFARE DO NOT WRITE IN THIS SPACE		
55	PLACE OF DEATH BUREAU OF VITAL ST			
	County of CERTIFICATE OF	DEATH		
PHYSICIANS t of OCCUPA-	Registration District No	5) ///		
	City of Primary Registration District	No. 2025 - Local Registrar's No		
ORD ACTLY, statemen				
E C E	(No	name instead of street and number.)		
7 N M 1	2. FULL NAME	arker 200		
REC 1 EX xact	(a) Residence. No.	St.		
at a	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds.	(If nonresident give city or town and State)		
NG PERMANENT hould be state y classified.				
FERMANE uld be g	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
RY I	3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DEATH 2 3		
ING PERN should Iy clas	male who fe /	(Month) (Day) (Year)		
G <b>€</b> " H	5a. If married, widowed, or divorced HUSBAND of	17. I HEREBY CERTIFY, That I attended deceased from		
SI IS IS IS IS IS IS IS IS IS IS IS IS I	(or) WIFE of	, 19, to, 19		
2 S S	6. DATE OF BIRTH (month, day and year)	that I last saw h alive on, 19		
FOR THIS ed.	7. AGE Years Months Days If LESS than 1 day,	and that death occurred, on the date stated above, atm.		
San Principal	/ Will Com min.	The CAUSE OF DEATH* was as follows:		
RESERVED DING INK— efully supplied that it me of certificat	8. OCCUPATION OF DECEASED	Still loom - 6 mo fetus		
c at	(a) Trade, profession, or particular kind of work			
RGIN RESE UNFADING be carefully terms, so than	(b) General nature of industry,			
· '3 4 " u !	business, or establishment in which employed (or employer)	(duration)yrsds,		
Pare Ne	(c) Name of employer	CONTRIBUTORY (Secondary)		
⋖∟0		(duration) yrs. mos. ds.		
M ITTH ould ion	9. BIRTHPLACE (city or town)	18. Where was disease contracted		
MLY, WIT) tion shoul H in plair instruction	(State or country)	if not at place of death?		
LX, ion I ir istr	10. NAME OF RATHER	Did an operation precede death? Date of		
	11. BIRTHPLACE OF FATHER (city or town 2 airs 0)	Was there an autopsy?		
PLAI aform DEA' See	(State or Country)	What test confirmed diagnosis		
	11. SIRTHPLACE OF FATHER (city of town)  (State or Country)  12. MAIDEN NAME OF MORNIES  13. MAIDEN NAME OF MORNIES	(Signed), M. D.		
of II	12. MAIDEN NAME OF MOTHER THE MORSON	(Address)		
WRITE tem of i USE OF nportant.	18. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT		
ire in	(State or Country) Altures .	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
PO P	14. Informant.	19. Place of Burial, Cremation, or Removal Day of Burial		
Ever state is ver	(Address) Laren elde	Janen Odela 8/3 1933		
d si	10/1 20/P2/ h/1	20. Undertaker Address		
	Filed 1933 Registrar			
ZEE	Registrar			

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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

midwife.

RECEIVED JCT 5 1933 STATE OF IDAMO -In case of more the DEPARTMENT OF PUBLIC WILLFARE County of BUREAU OF VITAL STATISTICS City of ... CERTIFICATE OF BIETE No..... Existration District No. ..... State File No. (If born in hospital tion give name.) tion District Noon Local Registrar's No. 2. FULL NAME OF CHILD .... - B. B. 4. Twin, triplet, or other 6. Premature 7. Legiti-[f plure] births 5. Number, in order of birth.... Full term.... MANAENT RECORD. and the number of Full FATHER\_ 18. Full maiden name name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State)...... (If non-resident, give place and State)\_\_\_\_\_ 20. Color or radelle | 21. Age at last birthday 11. Color or race while 12. Age at last birthday 30 (years 13. Birthplace (city or place) 22. Birthplace (city or place)..... PERM Gach, a (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeperneeu kind of work done, as spinner, must be made for typist, nurse, clerk, etc. sawyer, bookkeeper, etc ........ 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. lawyer's office, silk mill, etc. sawmill, bank, etc. 25. Date (month and year) 26. Total time (years) spen 16. Date (month and year) last engaged in this work 17. Total time (years) spent WITH UNFADING INK a Separate Return must eLN 2 8 in this work... in this work 27. What prophylactic was used to prevent Ophthamia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 2 (b) Born alive but now dead. 3 (c) Stillborn...... Before labor months period of gestation or weeks 30. Cause of stillbirth..... 29. If stillborn. During labor... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who m. on the date above stated. AINLY at birth When there was no attending physician (Signed) ..... or midwife, then the father, householder, etc., should make this return. 늄 child . Give name added from a supplemental report..... Address (Date of) Registrar. Rogistrar.

3 A THE TO JOHN MANY AND A SHE Little W Labra of Comments of Fr Learne medical na intodu to today judet) ususoletili ... Library to every hard a partient succession interest and process their and Man the true spely to the hour free at Commenced to the American Turk the medical state of the birthman THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P a the results Date profession in printing that The The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s Ny. 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RECEIVED UCT 5 STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARM DO NOT WRITE IN THIS SPACE statement BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH RD. Every in IXSICIANS State File No..... Registration District No..... Primary Registration District No. Local Registrar's CORD. ve its same instead of street and number) 2. FULL NAME Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs, mos, ds. How long in U. S., if of foreign birth? yrs, mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow-21. DATE OF DEATH (month, day ed or Divorced (write the word) 22 I HEREBY CERTIFY. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and I last saw h alive on to have occurred on the date stated above, The principal cause of death and related causes of impor-AGE Months If LESS than tance were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this (mo. and yr.) ..... occupation .... 12. BIRTHPLACE (city or town)..... (State or country) Name of operation ... Date of .... What test confirmed diagnosis?... Was there an autopsy? 14. BIRTHPLACE (city or tow (State or country) 덤 29. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town).. Where did injury occur?..... (State or country (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. ..... TION OR REMOVAL 18. BURIAL. CREM Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) of deceased?..... (Signed) (Address

STATEMENT OF OCCUPATION,-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

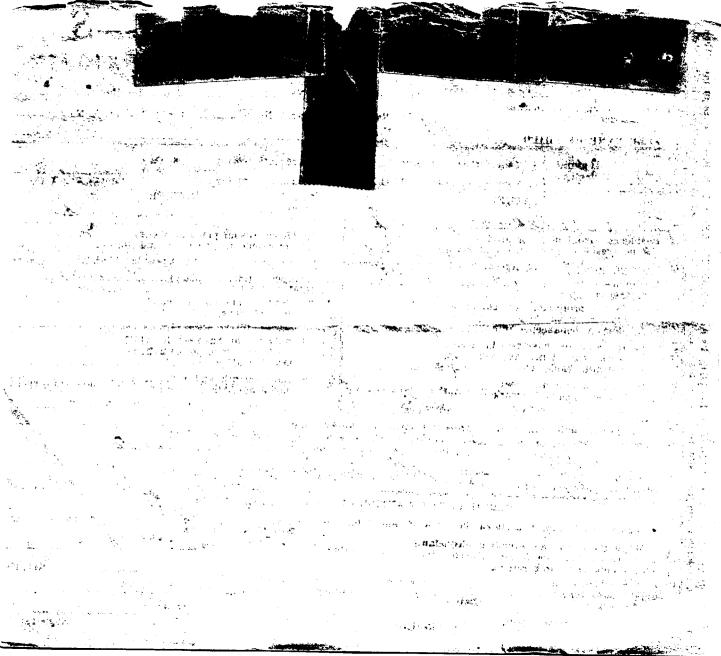
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse	
Arteriosclerosis	1915	Attack of epilepsy	l week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago	
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		

County of City of C श Memorial Park Hose State File No. ..... Registration District No. ..... (If born in hospital or institu-District No. 2005 Local Registrar's No. tion give\_name.) FULL NAME OF CHILD S. B. de Logiti-8. Date of 4. Twin, triplet, or other..... (Pateral 3. Sex births 5. Number, in order of birth. mete: RECORD. MOTHUR 18. Full 9. Full FATHER maiden Wan number 19. Residence (usual place of abode) Residence (usual place of abode) (If non-resident, give place and State)\_\_\_\_\_ (If non-resident, give place and States PERMANENT 20. Color or race............ | 21. Age at last birthday........(years) 11. Color or race 17 | 12, Age at last birthday. 22. Birthplace (city or place) Rama 13. Birthplace (city or place) Lessia. (State or country) (State or country) each. 23. Trade, profession, or particular kind, 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as spinner, / typist, nurse, clerk, etc..... 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill. lawver's office, silk mill, etc. sawmill, bank, etc. 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) Tayt engaged in this work 17. Total time (years) spent 9 last engaged in this work must in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ....(b) Born alive but now dead ....(c) Stillborn ...... Before labor Len. 29. If stillborn. or weeks 30. Cause of During labor... period of gestation. CERTIFICATE OF ATTENDING PHYSICIAN OR MINISTER I hereby certify that I attended the birth of this child, who was When there was no attending physician / or midwife, then the father, householder, etc. should make this return. Address Nampa-Tdaho Give name added from a supplemental report..... cbi Registrar.



PLACE OF DEATH	DEPARTMENT OF PUBI		DO NOT WRITE IN CHIS PPACE
County of Canagam	BUREAU OF VITAL :		
City of Caldwell	CERTIFICATE O	F DEATH	State File No
City of Care	Registration District No	<u>.</u> 3	
_			76
·	Primary Registration District	No. 2003	Local Registrar's No
(18 3	memorial/a	t Hora	1/
(II death occurred	in a hospital or institution, give	ve its name instead o	of street and number)
2. FULL NAME DELL	- · · · · · · · · · · · · · · · · · · ·		
(a) Residence. No			St
(Usual place of abode) Length of residence in city or town	where death occurred, yrs.	If nonres) mos. ds. How long i	ident give city or town and state) n U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATIST		Τ	L CERTIFICATE OF DEATH
3. SEX 4. Color or Rac	· ·	MANICA	L CERTIFICATE OF BEATA
70. 1	ed or Divorced (write the word)	21. DATE OF DEA	TH (month, day and year) 193
tale. Wh		22. I HEREBY CE	ERTIFY, That I attended deceased from
HUSBAND of	orced	an 9-1	7 193.3 to
(or) WIFE of 6. DATE OF BIRTH (month, da	V. and vear)	I last saw hal	ive on, 193: death is said
Sept.	17 1933	ll '	on the date stated above, atm.
7. AGE * Years Months	Days If LESS than	The principal cause tance were as f	e of death and related causes of impor-
720 Foeter	1 day, hrs.	tance were as i	Ollows: Date of onset
8. Trade, profession, or partic	ular	mers	exal tombian
kind of work done, as sp sawyer, bookkeeper, etc			. 0
9. Industry or business in w	hich	mh	1 2 The
saw mill, bank, etc		-	, Dang 24-1933
work was done as slik mi suw mill, bank, etc	11. Total time (years) spent in this		
(mo. and yr.)	occupation	Other contribute	ory causes of importance:
12. BIRTHPLACE (city or town	a) Malder all V. Ja.		•••••••••••••••••••••••••••••••••••••••
(State or country)	maury sag		
E 13. NAME/ 3. 4 /	enor.	<b></b>	
5 14. BIRTHPLACE (city or to	own P		Date of
(State or country)	Jersia Jenn.		ed diagnosis? Was there an autopsy?
15. MAIDEN NAME MAA	" Wickenson	23. If death was d the following:	ue to exter'l causes (violence) fill in also
5 16. BIRTHPLACE (city or to	y many	Accident, suicide, o	or homicide? Date of injury, 193.
(State or country)	Mampo Joso.		occur?ecify city or town, county, and state)
17. INFORMANT R.	Flecher	Specify whether in	njury occurred in industry, in home, or in
(Address)	edwell R4	public place,	
وا المست	BEMOVAL A 17	<b>}</b> {	
Placelist Allus II	upen Dat V. 4011 1, 1933.		injury in any way related to occupation
19. UNDERTAKER J.J. T. a.C.	rent premes	of deceased?	
0 11-4	(Il medels	(Signed)	M. D.
20. FILED. 9.7.7.7., 1933	Registrar.	(Address)	Nampa Zdaho
		<u></u>	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gailstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

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ted EXACTLY. PHYSICIAN srly classified. tions on back.	RECEIVED SEP 2 0 1933 PEPARTMENT OF PUBLIC BUREAU OF VITAL STORY COUNTY OF CUSTER City of Challis, Idaho Registration District No.  (If death occurred in a hospital or institution, give 2. FULL NAME Stillborn male infant of Guerral County of Stillborn male infant of Guerral County County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office County Office	No. 2/86. Local Registrar's No. /6/  No. 2/86. Local Registrar's No. /6/  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)  its name instead of street and number.)
WARITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  N. B.—Every item of information should be carefully supplied. AGE should be state should state CAUSE OF DEATH in plain terms, so that it may be proper than taken at the statement of OCCUPATION is very important. See instructions	PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. Single, Married, Widowed, or Divorced (write the word.)  Stillborn  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day and year)  7. AGE Years Months Days If LESS than 1 day, O O O Mins. or  8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (city or town) Custer County (State or country)  10. NAME OF FATHER JOSHO  GUYNEY R. JEMES  11. BIRTHPLACE OF FATHER (city or town) Sheldon, Married, State or Country)  12. MAIDEN NAME OF MOTHER (city or town) Sheldon, Married, State or Country)  14. Informant Mrs. Steller Chivers, Challis, Registrat.  15. Filed Range A. 7, 1923.  16. Registrat.	MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH  AUGUST 23 (Month) (Day) (Year)  17. I HEREBY CERTIFY, That I attended deceased from that I make the property of the saw hallow on Stillborn 19 and that death occurred, INTERCHAPT ACTION OF THE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH* was as follows:  Stillborn, period of gesta that in the cause of Death was as follows:

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery: (a) Foreman. (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer," etc. without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"); Diptheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin): "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy." "Collapse." "Coma." "Convulsions." "Debility." "Senile." etc.), ("Congenital." "Dropsy." "Exhaustion." "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident: Revolver wound of head-homicide: Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

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	11 11. Trade, profession, or particular	23. Trade, profession, or particular kind
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THIS made	F 15. Industry or business in which	24. Industry or business in which
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묶	sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years)	25. Date (month and year) last
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<b>≥</b> w	I hereby certify that I attended the birth of this child, who was	at m. on the date above stated.
<u></u>	SII , wat at a second of shorters (	BORN ALIVE OR STILLBORN)
	\( or midwife, then the father, householder, \) (Signed)	F. W. Leiteh M. D.
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RECEWER AUG OCCU-STATE OF IDAHO DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE PLACE OF DEATH BUREAU OF VITAL STATISTICS County of Latah CERTIFICATE OF DEATH State File No..... City of Moscow Registration District No..... Local Registrar's No... Primary Registration District No. /0// PERMANENT RECORD. (No. Community Hospital )
(If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME Baby Dewitt (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, or Divorced (write the word) 21. DATE OF DEATH (month day, and year) 7/11 1933 3.SEX 4. COLOR OR RACE I HEREBY CERTIFY, That I attended deceased from......... Female | White 5a. If maried, widowed, or divorced HUSBAND of I last saw h Malive on ..... (or) WIFE of to have occurred on the date stated above, at here m. The principal cause of death and related causes of importance 6. DATE OF BIRTH (month, day, and year) were as follows Date of onset If LESS than 7. AGE Years Months Days 1 day,..... hrs. Stillborn min. RESERVED 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation..... vear) MOSCOW 12. BIRTHPLACE (city or town)... Idaho (State or country) Name of operation Date of 13. NAME LeO DeWitt What test confirmed diagnosis? ...... Was there an autopsy?.... important. 14. BIRTHPLACE (city or town)..... Chio (State or country) 23. If death was due to exter leauses (violence) all in also the following: ם MOTHER Viola Otter 15. MAIDEN NAME Where did injury occur?.... 16. BIRTHPLACE (city or town)...... (Specify city or town, county, and State) Dak . DEA. (State or country) Specify whether injury occurred in industry in home, or in public Leo DeWitt 17. INFORMENT (Address) Moscow. Idaho Manner of injury..... 18. BURIAL, CREWARD WITH THE MOVAL Nature of injury Place ...... MGSGOV 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER ..... If so, specify (Address

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

JET 13 1933 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County o BUREAU OF VITAL STATISTICS City of\_ 215645 CERTIFICATE OF BIRTH State File No. Registration District No\_\_\_\_\_ (If born in hospital or institution Prim. Registration District No.\_\_ \_\_Local Registrar's No.\_\_\_\_ give name.) 2. FULL NAME OF CHILD. RECORD. 8. Date of 6. Premature Zee\_ 7. Legiti-4. Twin, triplet, or other\_\_\_\_\_ If plural 3. Sex birth births 5. Number, in order of birth\_\_\_\_ Full term\_\_\_ mate? (MONTH, DAY, YEAR) MOTHER 18. Full **FATHER** 9. Full the number maiden nam PERMANENT ch, and the numb name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) William. 21. Age at last birthday 11. Color or race\_\_\_\_\_\_\_12. Age at last birthday\_\_\_\_\_\_\_(years) 20. Color or race\_\_\_\_\_ 22. Birthplace (city or place) \_. 13. Birthplace (city or place) \_\_\_ (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. ស្តី kind of work done, as spinner, OCCUPATION typist, nurse, clerk, etc\_\_\_\_\_ sawyer, bookkeeper, etc. \_\_\_\_\_ THIS 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc... sawmill, bank, etc. \_\_\_\_\_ 16. Date (month and year) last 17. Total time (years) nust 1 25. Date (month and year) last | engaged in this work 26. Total time (years) engaged in this work spent in this work... UNFADING ATE RETURN D spent in this work ... (At time of this birth and including this child) (a) Born alive and now living // (b) Born alive but now dead 2/ (c) Stillborn Before labor\_ months 29. Cause of stillbirth Mother us Consul 28. If stillborn. or weeks During labor. period of gestation. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at \_ Z \_ V m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician) or midwife, then the father, householder, (Signed) etc., should make this return. Salum Ida, Midwife Give name added from a supplemental report\_\_\_\_\_ Address .. (DATE OF) Filed/ Z Registrar.

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	City of Mallers CERTIFICATE O	<u></u>
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	(No(If death occurred in a hospital or institution,	give its name instead of street and number
	2. FULL NAME a Carrie & all	give its name instead of street and humber.)
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	(Usual place of shode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds,
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) Left / 1 193 3
	male	22. HEREBY CERTIFY, That I attended deceased from 1935, to 1935
	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw h alive on till Bank, 198 : death is said
care.	(d) WIE di	to have occurred on the date stated above, at m.
80	6. DATE OF BIRTH (month, day, and year) Sept 17 1933	The puincipal cause of death and related causes of importance
	7. AGE Years Months Dayy If LESS than 1 day,hrs.	were as follows:  Date of onset
9	or min.	Magigulator limbility
M 01	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	long during
2	9. Industry or business in which	'alluly
ă	work was done, as silk mill,	
ă	10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:
instruction on	year) occupation occupation	
Ĕ	12. BIRTHPLACE (city or town) Alshung A.J. J. J. J. (State or country)	
in 6		Name of a section
000	13. NAME ON TO OUT	Name of operation
מ	14. BIRTHPLACE (city or town)	23. If death was due to exter causes (violence) fill in also the following:
ant.	15. MAIDEN NAME March Show Colored	Accident, suicide, or homicide? Date of injury, 193
į	B A A B A A A A A A A A A A A A A A A A	Where did injury occur?
import	16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17.   (State or country)	(Specify city or town county, and State)  Specify whether injury occurred in industry in home, or in public
	17. INFORMENT OF MILES	place.
very	(Address)	Manner of injury
18	18. BURIAL, CREMATION OF MEMOVAL Place American Date 4/17, 193 3	Nature of injury
Z	19. UNDERTAKE AND Eicherseld	24. Was disease or injury in any way related to occupation of deceased?
2	(Address) Digay Jahr	If so, specify
_	20. FILED Cet 5, 1933 Expuss	(Signed) Reference D. D.
	Repistrar.	(Address)
		<b>→</b>

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

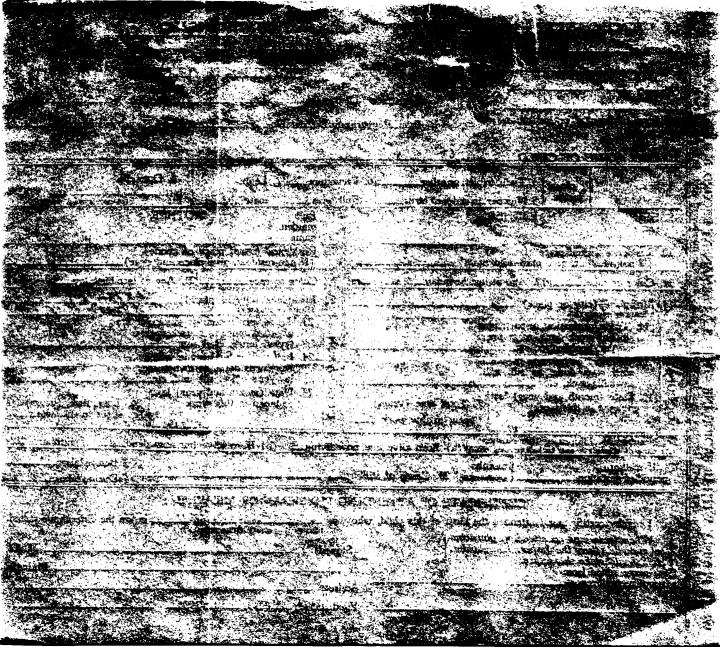
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE 1	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

B.—In case of more than order of birth stated.		ion District No. 9-14-3 Local Registrar's No.
WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. F. B. SEPARATE RETURN must be made for each, and the number of each, in or	3. Sex  If plural 4. Twin, triplet, or other 6. Probirths 5. Number, in order of birth Fu  9. Full FATHER  10. Residence (usual place of abode) (If non-resident, give place and State)  11. Color or race 12. Age at last birthday 3. (years)  13. Birthplace (city or place)	18. Full MOTHER maden name (usual place of abode)  19. Residence (usual place of abode)  (If non-resident, give place and state)  20. Color or race 21. Age at last birthday 34 (years)  22. Birthplace (city or place)
	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year) last engaged in this work  27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and not 28. If stillborn, period of gestation.  29. Cause of stillbirth	23. Trade, profession, or particular kind of work done, as housekeeper typist, nurse, clerk, etc
WRITE PLAINLY WITH one child at birth, a SEPA	( When there was no attending physician ) or midwife, then the father, householder, } ( etc., should make this return. Give name added from a supplemental report	G PHYSICIAN OR MIDWIFE  This still at 1:30 fm. on the date above stated.  (BORN AND AND AND AND AND AND AND AND AND AN



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ic i	PLACE OF DEATH  COUNTY of CERTIFICATE OF	DEATH	State File No.		
PHYSICIAN	Pagistration District No.	6.3			
HA	Oity of	N. 2143	Total Per	gistrar's No	
κ:				31801 &1 S 140	
Se E.	(No(If death occurred in a hospital or institution, give			<b>A</b> ,	
AC, siffic	2. FULL NAME I fant Bateman	•••		206	
clas on	(a) Residence. No.				
pa si si si si si si si si si si si si si	(Usual place of abode.)  Length of residence in city or town where death occured. yrs. mos. A		(If nonresident give cit in U. S. if of foreign birth?	y or town and State.)	
itat oper ucti		ds. How long	In O. S. II of foreign birth.	<b>710</b> . 1100.	
RD. be stated EXACTLY. e properly classified. instructions on back.	PERSONAL AND STATISTICAL PARTICULARS  8. SEX 4. COLOR OR PACE 5. Single Married Widowed		MEDICAL CERTIFICATE OF	DEATH	
0 -2 4	3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word.)	16. DATE OF	DEATH		
ING REC hould may See	externally while	,	Month) 30	ny) (Year)	
BINDINGE SHOT RIGE Shot at it marting read it marting read.	5a. If married, widowed, or divorced HUSBAND of	17 I HERERY	CERTIFY, That I attended de		
BE CENT	(or) WIFE of	1	19, to		
FOR B RMANI I. AG so that	6. DATE OF BIRTH (month, day and year) Lept. 30, 1933	II.	h alive on		
F. ER. Y	7. AGE Years Months Days V If LESS than 1 day,	11	th occurred, on the date states		
A Plupplicums terms	0 0 min.	11	·	•	
RESERVED IS IS A P. fully suppli plain term flon is ver	8. OCCUPATION OF DECEASED	CAUSES, state whether ACCIDI	SEASE CAUSING DEATH, or (1) MEANS AND NATURE ENTAL, SUICIDAL, or HOMIC	E OF INJURY, and (2) CIDAL.	
ESE S II	(a) Trade, profession, or particular kind of work	The CAUSE OF	DEATH* was as follows:		
# P = 5	(b) General nature of industry.		Lberthe		
음 기 s 프립	business, or establishment in which employed (or employer)		onetin		
IAR INK EAT	(c) Name of employer	$\mathcal{L}$	rematiene (	F	
	RTHPLACE (city or town) te or country)		(duration)	yrsds.	
Ž Ž		CONTRIBUTORY			
UNFADING nation shou AUS F 1	10. NAME OF FATHER		(Secondary)		
A D N	To tendow front laternand	18. Where was disease contracted			
# 6 6 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	11. BIRTHPLACE OF FATHER (city or town)	if not at p	lace of death?		
WIT f ir stat	<b>4</b> ! i	-	n precede death? Da autopsy?		
, o H	12. MAIDEN NAME OF MOTHER	ił .	firmed_diagnosis? , ,		
Should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should	18. BIRTHPLACE OF MOTHER (city or town)	(Signed)	Dallinste	M. D.	
` <b>₹</b>	- Waynes	Segt 30	O, 19.3.7 (Address)	endricki	
WRITE PLAINL N. B.—Every itel	14. Informant N. G. B. C.	19. Place of Bu	urial, Cremation, or Removal	Date of Burial	
	(Address)			19	
X E	16. Filed Oct 1 1933 B. F. Nesbit-	20. Undertaker		Address	
	Registrar.	<u>                                     </u>			

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect. Locomotive Engineer. Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery: (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as Day laborer. Farm laborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"); Diptheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"): Lobar Pneumonia: Bronchonneumonia ("pneumonia," unqualified, is indefite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms: Measles: Whooping Cough; Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia." "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions." "Debility." "Dropsy." "Exhaustion." ("Congenital." "Senile." etc.). "Heart Failure," "Hemorrhage," "Inanition," "Marasmus,"
"Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL. or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

se of more than	County of New Colors  City of Lullisse Man.  St.  Registration District No. 128  State File No.
G INK—THIS IS A PERMANENT RECORD. N. B.—In can must be made for each, and the number of each, in order of bi	(If born in hospital or institution give name.)  Prim. Registration District No
	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.   15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.   16. Date (month and year) last engaged in this work   17. Total time (years)   18. Trade, profession, or particular kind of work done, as housekeeper, to typist, nurse, clerk, etc.   19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.   19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.   19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.   19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.   19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.   19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.   19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.   19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.   19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.   19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.   19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.   19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.   19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.   19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.   19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.   19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.   19. Trade, profession, or particular kind of work done, as housek
UNFADING RATE RETURN 1	27. Number of children of this mother (At time of this birth and including this shild) (a) Born alive and now living (a) Born alive but now dead (c) Stillborn.  28. If stillborn, from the period of gestation or weeks or weeks 29. Cause of stillbirth multiple that the property of the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple that the period of gestation or weeks 29. Cause of stillbirth multiple the period of gestation or weeks 29. Cause of stillbirth multiple t
WRITE PLAINLY WITH	I hereby certify that I attended the birth of this child, who was MILLER TRAIT M. on the date above stated.  When there was no attending physician or midwife, then the lather, householder, etc., should make this return.  (Signed)  CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  BORN ALIVE OR STREET,  (Signed)  (Signed)  Midwife

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ry itesh sould site	County of 1/13 River BUREAU OF VITAL	1 86033
14 O	Charact (1) del Le Soul	State File No.
K of	Registration District No. /.	
Z	Primary Registration Distri	ict No Local Registrar's No
RECORD. HYSICIA	(If death occurred in a fospital or institution,  2. FULL NAME	give its name instead of street and number.)
_ P 2	(a) Residence. No	St.  (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
NENT FLY. ed. Es	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ANE) GTLY fied.	3.SEX 4. COLOR OR BACE 5. Single, Married, Widowed,	21. DATE OF DEATH (month day, and year) 8. /2. 193 3
	Manale White or Divorced (write the word)	22. I HEREBY CERTIFY, That I attended deceased from
EXX.	5a. If maried, widowed, or divorced	, 193, to
i de la	HUSBAND of (or) WIFE of	I last saw halive on, 193; death is said
IS A be atate properlificate.	6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at
I se di	7. AGE Years Months Days If LESS than	The principal cause of death and related causes of importance were as follows:  Date of onset
IIS Id H	1 day,hrs. or min.	- All All All All All All All All All Al
		Milwing
A THE HA	8. Trade, profession, or particular  kind of work done, as spinner,  sawyer, bookeeper, etc	
G INI AGE nat it m	kind of work done, as spinner, sawyer, bookeeper, etc	
N KI N KI O ING o the ion o	ii i this occupation (month and ) spent in this	Other contributory causes of importance:
RGI FAI appli ns. s	12. BIRTHPLACE (city or town) Culture (State or country)	
MAN H UN Hy eu n term	13. NAME GENGE Campbell  14. BIRTHPIACE (city or town) Mynthrelier  (State or country)	Name of operation
/ITH refull plain See	14. BIRTHPLACE (city or town) Abynthrelily	What test confirmed diagnosis? Was there an autopsy?
	(State of country)	23. If death was due to exter causes (violence) fill in also the following:
	15. MAIDEN NAME FLORE HULLEY  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 193.
INLY puld b SATH mport	6 16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town county, and State)
3 = -	17. INFORMENT My gerre Campbell	Specify whether injury occurred in industry in home, or in public place.
E PL ion s OF 1	(Address) Wednesday	Manner of injury
	18. BURIAL, CBEMATION, OR REMOVAL Place Public Public Place 9-17-393	Nature of injury
-WRIT informat CAUSE TION is	19. UNDERTAKER Hamily	24. Was disease or injury in any way related to occupation of deceased?
.–WR] inform CAUS TION	(Address)	If so, specify
. B	20. FILED Hugust, 1933 Jurge Jaymard M. T. Registrar.	(Signed) M.D.
Z		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week age
Chronic interstitial nephritis	1921	Run over by street car	1 week age
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days age
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

EMED JCT 10 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS & 1 City of CERTIFICATE OF BIRTH Registration District No.... State File No.\_\_\_ III born in hospital or Austitution Prim. Registration District No. Local Registrar's No give name.) and 2. FULL NAME OF CHILD. 8. Date of 4. Twin, triplet, or other\_\_\_\_\_\_6. Premature\_\_\_\_\_7. Legiti-If plural birth births mate?\_\_\_ 5. Number, in order of birth\_\_\_\_ Full term\_\_\_\_ MOTHER /s. Full 18. Full FATHER maiden name name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and state) (If non-resident, give place and State) 20. Color or race 21. Age at last birthday 3 Gyears 11. Color or race 11 12. Age at last birthday 4 (years) 13. Birthplace (city or place) (State or country) Mora (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc.... sawver, bookkeeper, etc. \_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc.\_ sawmill, bank, etc. \_\_\_ 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) engaged in this work spent in this work\_\_\_\_ spent in this work... 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 2 Lc) Stillborn ... Before labor ( months 28. If stillborn. period of gestation\_\_\_\_\_ or weeks | 29. Cause of stillbirth\_\_\_\_\_ During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 230Am. on the date above stated. I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report\_\_\_\_\_ Address . (DATE OF) Registrar. Registrar.

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418-113 CH2-66EIVED JCT 5 1933 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Twin Falls BUREAU OF VITAL STATISTICS City of Kimberly. certificate of birth ~215831 Registration District No.... \_\_\_\_State File No.\_\_\_\_ Maternity Home (If born in hospital or institution Prim. Registration District No. 2084 Local Registrar's No. 3/2 give name.) Z.B. George Day 2. FULL NAME OF CHILD\_\_\_\_\_ 8. Date of Sept. 13. 1933 PERMANENT RECORD. ch, and the number of each, If plural 4. Twin, triplet, or other \_\_\_\_\_6. Premature \_\_\_\_7. Legiti-3. Sex birth\_ births male mate? Yes 5. Number, in order of birth Full term (MONTH, DAY, YEAR) 18. Full MOTHER FATHER 9. Full maiden name John Paul Day. name Catherine Ann Owens. (If non-resident, give place and State) Eden. Idaho 19. Residence (usual place of abode) kesidence (usual place of abode) Eden, Idaho (If non-resident, give place and state) 10. Residence (usual place of abode) 11. Color or race\_white Age at last birthday\_35\_ (years) 20. Color or race\_White 21. Age at last birthday 4Ω\_(years) 22. Birthplace (city or place) Denver, Colo. 13. Birthplace (city or place) Washington,
(State or country) (State or country) < ₹ 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, Farmer ATION CCUPATION sawver, bookkeeper, etc. \_\_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill. lawyer's office, silk mill, etc.\_\_\_\_\_ sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last WITH UNFADING INK a Srparate Return must 26. Total time (years) engaged in this work spent in this work\_\_\_\_ spent in this work\_\_\_ 27. Number of children of this mother 7 (At time of this birth and including this child) (a) Born alive and now living 5 ... (b) Born alive but now dead 1 ... (c) Stillborn 1 Before labor ( months 28. If stillborn. 29. Cause of stillbirth\_\_\_\_\_ period of gestation\_\_\_\_\_ or weeks During labor .... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was born dead at 4:35 am. on the date above stated. When there was no attending physician ) (Signed) Joseph N. Bavis or midwife, then the father, householder, etc., should make this return. Physician Give name added from a supplemental report\_\_\_\_\_ Address Kimberly, Idaho
Filed Left 27 1933 Line Nalley (DATE OF) Registrar.

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OCCU. STATE OF IDAHO DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No..... statement Registration District No..... Local Registrar's No. 13 Primary Registration District No. 2083 PHYSICIAN RECORD. (If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME. Residence. No..... (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. (Usual place of abode) PERMANENT mg Length of residence in city or town where death occurred. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, 3.SEX 4. COLOR OR RACE 21. DATE OF DEATH (month day, and year) 193 or Divorced (write the word) HEREBY CERTIFY, That I attended deceased from...... 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of to have occurred on the date stated above, at......m. 6. DATE OF BIRTH (month, day, and year) The officinal cause of death and related causes of importance If LESS than Months 7. AGE 1 day, ........hrs. min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME plain What test confirmed diagnosis? ...... Was there an autopsy? ... important. 14. BIRTHPLACE (city or town) (State or country) 23. If death was due to exter leauses (violence) all in also the following: ij MOTHER Accident, suicide, or homicide?...... Date of injury......., 193. 15. MAIDEN NAME Where did injury occur?.. (Specify city or town, county, and State) 16. BIRTHPLACE (city or town)..... DEA (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) OF Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL PATION Nature of injury USE Date...... 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER. ..... If so, specify (Address) (Signed). Registrar. (Addres

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Įj	EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	\$ days ago
May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
FOR FURTHI	ER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1923	Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis  Other CONTRIBUTORY CAUSES of importance:

STATE OF IDAHO County of 12 answer DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of... CERTIFICATE OF BIRTH Registration District No. \_\_\_\_ 2 8 State File No. . (If born in hospital or institu-Prim. Registration District No. 2161 Local Registrar's No. 405 tion give name.) 2. FULL NAME OF CHILD 132by Lang Add. N. B.-7. Legiti-[f plural 8. Date of birth Scat. 21, 198.3. 3. Sex births 5. Number, in order of birth..... Full term. mate L Male RECORD. MOTHER 9. Full FATHER 18. Full maiden. name HANA May Blankenship. Frencel Janohols. 19. Residence (usual place of abode) ///3 // // (If non-resident, give place and State) 10. Residence (usual place of abode) 1613 17 7/a 1/1. Sell. PERMANENT 20. Color or race LU... | 21. Age at last birthday 3.5 (years) 11. Color or race M... | 12. Age at last birthday 4.2 (years) 22. Birthplace (city or place) Rechele, Zille 13. Birthplace (city or place) Walden ... Colos (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, typist, nurse, clerk, etc. kind of work done, as spinner,, CUPATION 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. 71 MC -TH18 sawmill, bank, etc. CINTIACH 16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent <u>ş</u> must Brescatt 19 in this work Present 19 in this work 10415. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Return 28. Number of children of this mother (At time of this birth and including this child) A Before labor..... WITH UNE months or weeks 30. Cause of stillbirth An-29. If stillborn. During labor..... period of gestation.... CERTIFICATE OF ATTENDING PHYSICIAN while m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician i or midwife, then the father, householder, (Signed) ..... etc. should make this return. Give name added from a supplemental report..... Registrar.

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MELE VED AR STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE shou Bannock BUREAU OF VITAL STATISTICS County of .... CERTIFICATE OF Pocatello State File No .... City of..... Registration District No..... Primary Registration District No. Local Registrar's No ... RECORD (No. Saint Anthony, s Hospital (If death occurred in a hospital or institution, give its name instead of street and number) Infant Longholf 2. FULL NAME.... Pocatello, Tdaho. (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign barth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow. 21. DATE OF DEATH (moREFORE BIRTH ed or Divorced (write the word) Male White HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 1933. September to have occurred on the date stated above, at The principal cause of death and related causes of impor-7. AGE Years Months Days If LESS than tance were as follows: Date of onset 1 day.... hrs. Still-Born or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo, and yr.) ..... occupation ..... Pocatello, 12. BIRTHPLACE (city or town) Idaho. (State or country) Edward F. Longholf 13. NAME Name of operation...... Date of...... 14. BIRTHPLACE (city or town)... What test confirmed diagnosis?.... Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME Anna May Blankenship the following: Accident, suicide, or homicide?..... Date of injury... 193. Ľ 16. BIRTHPLACE (city or town) .. Ōz Where did injury occur?..... (State or country) (Specify city or town, county, and state) JSE F. Longholf Edward Specify whether injury occurred in industry, in home, or in Pocatello. Idaho. (Address) public place. ..... WRITE 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... o, Idaho. Date Feb. 84934 Nature of injury..... 24. Was disease or injury in any way related to occupation Arthur of deceased?... (Address) (Signed) ... Pocatel (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, net the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO PUBLIC WELFARE County VITAL STATISTICS City of. No. State File No. Registration District No. Prim. Registration District No. 3 / Local Registrar's No. 3 3 (If born in hospital or institution give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of Legiti-Sex of in order Triplet birth Child or other? mate? (Month) (Day) (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth Born alive and now living Stillborn Born alive but now dead. MOTHER FATHER FULL Residence (Usual place of abode) If nonresident, give place, and State If nonresident, give place and State at last Birthday ge at last Birthday. Color or rac Birthplace Birthplace (City and State or Country) (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OF more sch an I hereby certify that I attended the birth of this child, who was i Stillborn on the date above stated. ŏ (Signature) \*Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth. Registrar

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veky item of should state t of OCCU-	PLACE OF DEATH DEPARTMENT OF PUR	BLIC WELFARE DO NOT WRITE IN THIS SPACE
very i	County of Bingham CERTIFICATE O	
É O É	City of District No	12/
P. Fan Fen	Primary Registration Distri	ict No. Local Registrar's No. 158.
RECORD. HYSICIA xact state	(If death occurred in a hospital or institution,	give its name instead of street and number.)
NT RE PHY Exa	(a) Residence. No	St.  (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
NE ILY Iod.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
VG MAN ACTI	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) Oct 7 7 193 3
DIN EX els sls	5a. If maried, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from
R BIN] IS A P stated   roperly certifica	HUSBAND of (or) WIFE of	I last saw h: death is said
IS IS s sta rop cert	6. DATE OF BIRTH (month, day, and year) Oct 22, 1933	to have occurred on the date stated above, at
HIS HIS He p	7. AGE Years Months Days If LESS than 1 day,hrs.	were as follows:  Date of onsei
K-TJ shoul may back	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	asphysia during buth
ESER S INI AGE at it on on	9. Industry or business in which work was done, as silk mill, saw mill, bank etc.	
IN RESDING DING   sed. AC see that truction	10. Date deceased last worked at this occupation (month and year)	Other contributory causes of importance to asile
ARGINFA supplicable ring, se ins	12. BIRTHPLACE (city or town) Blackfast (State or country)	aring.
M. H. U. III. I. 3. NAME Stanley Merkley  14. BIRTHPLACE (city or town) Black folds  (State or country)	Name of operation	
VIT refu	14. BIRTHPLACE (city or town) Gactofold (State or country)	What test confirmed diagnosis?
in Solit	15. MAIDEN NAME Wildred Bergeson	Accident, suicide, or homicide?
NLY ld be VTH	16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town, county, and State)
Should DEA'	17. INFORMENT Stanley Minkley	Specify whether injury occurred in industry in home, or in public
I'E H tion I OF N is	18. BURIAL, CREMETION OR DEMOVEL /	Manner of injury
WRIT ormat USE TION	19. UNDERTAKER HANGE MERKLY.	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?
WRITE informatio GAUSE O PATION 3	(Address) Mach food delaho	20 If so, specify
M T	20. FILED Oct 30, 183 Den Skill Registrar.	(Signed) M. D.  (Address) Blackford Jan
Z		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

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CEIVED 101 C DEPARTMENT OF POPULO WELFARE County of Bingham Ft. Hall Reservation BURBAU OF VITAL STATISTICS City of Pt Hall. CERTIFICATE OF BIRTH 216037 Registration District No. 12 I-R State File No. (If born in hospital or institu-Prim. Registration District No. 2194-Riccal Registrar's No. 336 tion give name.) 2. FULL NAME OF CHILD Baby KER Auck. Hillieth. 7. Legiti-8. Date of Sept. 25 4. Twin, triplet, or other...........6. Premature...... (f plural 3. Sex hirth... births Full term Yes 9 mate? · Feame 5. Number, in order of birth..... MOTHER RETURN must birth, stated 9. Full FATHER 18. Full maiden name Mary Horn Ray Auck name 19. Residence (usual place of abode) Ft. Hall Res. 10. Residence (usual place of abode) Ft. Hall Res. (If non-resident, sive place and State)..... (If non-resident, give place and State)..... 20. Channack 4/4 21. Age at last birthday. 27. (years) 11. Color of face 1/2 12. Age at last birthday 44 (years) 22. Birthplace (city or place) Ft. Hall Res. 13. Birthplace (city or place) Ft Hall Res. SEPARATE in order of 1 (State or country) (State or country) 14. Trade, profession, or particular rarmer kind of work done, as spinner, rarmer 23. Trade, profession, or particular kind of work done, as housekeeper. Housewife typist, nurse, clerk, etc. 15. Industry or business in which own farm 24. Industry or business in which Own home work was done, as own home. th, a each lawyer's office, silk mill, etc. birth, 25. Date (month and year) last engaged in this work Sept. 24, 19 in this work II 16. Date (month and year) ö in this work 2I Sept. 25 1933 (a) Born alive and now living 0...(b) Born alive but now dead. 2...(c) Stillborn 2... Before labor..... months 29. If stillborn, period of gestation...... CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE P.M. more I hereby certify that I attended the birth of this child, who was Bopm dead at 10:30n the date above stated. (Zora Alles en Strillbern) When there was no attending physician ) Iman/ 70 (Signed) ( or midwife, then the father, householder, CASO etc., should make this return. Agency Physician Midwife Give name added from -Address Ft. Hall, Idaho. a supplemental report.....(Date of) Filed Oct . 30 . 1933 , Am Shalut & Len Resistrer. Registrar.

RECORD.



RECEIVED OF B DEPARTMENT OF PU	
PLACE OF DEATH DEPARTMENT OF PU	
County of Ft Hall Reser-BUREAU OF VITAL Vation. City of t Hall Idaho. Registration District No	OF DEATH   State File No. 86184
City of t. Hall Idaho Registration District No.	I2 I-R:
Primary Registration District	rict No. 2 194-R. Local Registrar's No. 141
(No Agency Hospi	tal
2. FULL NAME Baby Auck. Stilliers.	, give its name instead of street and number.)
(a) Residence. No. Ft. Hall, Idaho.	St.
(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, Bannock Inter Divorced (write the word)	21. DATE OF DEATH (month day, and year) Sept. 25 193 3
Female 4/4	1 MEREDI CERTIFI, Inat I attended deceased Home
5a. If maried, widowed, or divorced HUSBAND of	, 193 , to, 193
(or) WIFE of	I last saw halive on Stillborn, 193: death is said
6. DATE OF BIRTH (month, day, and year) Sept. 25, 193	to have occurred on the date stated above, at IO: #10 P2M2 The principal cause of death and related causes of importance
7. AGE Years Months Days If LESS than	were as follows: Date of onset
O O O O I day min.	Hereditary Syphilis.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	
8 kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mil, saw mill, bank etc.  10. Date deceased last worked at 11. Total time (years) spent in this	
-   mis occupation (month and   spent in this	Other contributory causes of importance:
year) occupation Ft. Hall. Idaho.	•
12. BIRTHPLACE (city or town) FC FIRST TWANTO .  (State or country)	
13. NAME Ray Auck  14. BIRTHPLACE (city or town) Ft. Hall Res.  (State or country) Idaho.	Name of operation
14. BIRTHPLACE (city or town) Ft. Hall Res.	What test confirmed diagnosis? Was there an autopsy?
(State of County)	23. If death was due to exter leauses (violence) fill in also the following:
15. MAIDEN NAME Mary Horn	Accident, suicide, or homicide?
15. MAIDEN NAME Mary Horn  16. BIRTHPLACE (city or town) Ft. Hall, Res.	Where did injury occur?
17. INFORMENT Mary Auck	Specify whether injury occurred in industry in home, or in public place.
(Address) Ft. Hall, Idaho.	Manner of injury
18. BURIAL, KHERKHON OR REMOVAL Place Butte Cem. Date Sept. 27 193 2	Nature of injury
19 UNDERTAKER Agency Carbenter.	24. Was disease or injury in any way related to occupation of decease it
(Address) Ft. Hall, Idaho.	If so, sportly
20. FILED Oct. 30 , 193 3 Mm Mulart & ate. Registrar.	(Signed) (Signed) (Address) Ft. Hall Ideho

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this Section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE 1	FOR FURTH	ER STATEMENTS BY PHYSICIAN	1

RECEIVED AN 14 PLACE OF BIRTH STATE OF IDAHO more than one child at birth DEPARTMENT OF PUBLIC WELFARE County of Bingham BUREAU OF VITAL STATISTICS City of Blackfoot. 216042 CERTIFICATE OF BIRTH NoR.F.D. No.2 St. Registration District No. 121 State File No. (If born in hospital or institu-Prim. Registration District No. 2194 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD Stillborn - Evans. 8. Date of Sept. 14 a 193 3 (Month, Day, Year) 4.Twin triplet, or other...... 6. Premature. 7. Legiti-3. Sex. If plural, mate? Yes 5.Number, in order of birth..... RD. N. B.—In each, in order Female MOTHER 18. Full 9. Full FATHER maiden name William E. Evans Gladys Arche name Residence (usual place of abode)

[19. Residence (usual place of abode)

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(State or country) 13. Birthplace (city or place) Marry Utah (State or country) PERMANENT 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner Farmer pue sawyer, bookkeeper, etc. 24. Industry or business in which 15. Industry or business in which work was done, as own home, Housewife work was done, as silk mill, saw mill, bank, etc. PLAINLY WITH UNPADING INK-THIS IS SEPARATE RETURN must be made for each lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work 26. Total time (years) 16. Date (month and year) last engaged in this work 17. Total time (years) Present Time 19 10 spent in this work..... spent in this work.... Present Time 19.... 27. Number of children of this mother 3
(At time of this birth and including this child) (a) Born alive and now living 1....(b) Born alive but now dead.....(c) Stillborn.2... What prophylactic was used to prevent Ophthalmia Neonatorum? Before labor..... months 28. If stillborn, Premature During labor..... 29. Cause of stillbirth..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIF I hereby certify that I attended the birth of this child, who || (Signed) ....., Midwife Address Blazkfoot, Idaho 6:P.m. on the date above stated. Born Alive or Stillborn) Filed NOV. 1 , 1933 Mm Naclux Es When there was no attending physician or midwife, then] the father, householder, etc., should make this return.

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A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"); Diptheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia: Bronchopneumonia ("pneumonia," unqualified, is indefite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin): "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough: Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

10V-1 0 1933 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Frankl BURBAU OF VITAL STATISTICS City of Jaca CERTIFICATE OF EERTH State Pile No. Registration District No. (If born in hospital or institu-Prim Registration District No. Local Registrar's No. Z tion give name.) 2. FULL NAME OF CHILD ..... A B 8. Date of och 16 4. Twin, triplet, or other........ 6. Premature... 7. Legitiff plural birtha birth... mate?.46 5. Number, in order of birth..... Full term..... RECORD. 9. Full 18. Full MOTHER-EATHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT each, and the (If non-resident, give place and State)..... (If non-resident give place and State).... 11. Color or race 12. Age at last birthday ( Years) 22. Birthplace (city or place) 13. Birthplace (city or place) (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular Kind kind of work done, as spinner, of work done, as housekeeper. ATION typist, nurse, clerk, etc. ..... 15. Industry or business in which Lule 24. Industry or business in which made work was done, as silk mill, work was done, as own home, HIS lawyer's office, silk mill, etc. sawmill, bank, etc.... ş 16. Date (month and year) last engaged in this work 17. Total time (years) spent Date (month and year) last engaged in this work
 Total time (years) spent must , 19 in this work 19 in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead .....(c) Stillborn..... Before labor 120 months or weeks 30. Cause of stillbirth 29. If stillborn. During labor..... CERTIFICATE OF ATTENDING PHISIMAN OR MIDWIFE I hereby certify that I attended the birth of this child, who m, on the date above stated. When there was no attending physician / (Signed) .... or midwife, then the father, householder, etc. should make this return. ..... Midwife Give name added from WRITE One chik Address Filed Nov 8 Registrar.

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Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. mos. ds. How long in U.S. if of forcige birth? Yrs. if it is the word in Instance. If the word in Instance is the word in Instance. If the word in Instance is the word in Instance. If the word in Instance is the word in Instance. In Instance is the word in Instance. In Instance is the word in Instance. In Instance is the word in Instance. In Instance is the word in Ins	very item should sta	PLACE OF DEATH County of Fran'lin City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City of Preston  City o	STATISTICS  F DEATH  State File No
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6. DATE OF BIRTH (month, day, and year) 10/11/33  7. AGE	<b>→</b>	3.SEX 4. COLOR OR RACE or Divorced (write the word)  Female White Baby	21. DATE OF DEATH (month day, and year) 193 22. I HEREBY CERTIFY, That I attended deceased from
8. Trade, profession, or particular kind of work done, as spinner, any er, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town) Preston Ida.  13. NAME James B. McQueen  14. BIRTHPLACE (city or town) Preston Ida.  15. Maiden Name Leah Smith  16. BIRTHPLACE (city or town) Derby. England.  17. INFORMENT James B. McQueen  18. BURIAL, CREMATION, OR REMOVAL Place.  19. UNDERTAKER  (Address)  20. Filed  19. UNDERTAKER  (Address)  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed  20. Filed		6. DATE OF BIRTH (month, day, and year) 10/11/33 7. AGE Years Months Days If LESS than	I last saw halive on, 193: death is said to have occurred on the date stated above, at
Name of operation Date of What test confirmed diagnosis? Was there an autopsy?  14. BIRTHPLACE (city or town) Prest on Ida.  (State or country)  15. MAIDEN NAME Leah Smith  16. BIRTHPLACE (city or town) Derby. England. (State or country)  17. INFORMENT James B. McQueen (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Prest on Ida. Date 10/11/3793  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  10. What test confirmed diagnosis? Was there an autopsy?  22. If death was due to exter causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury occurr? (Specify city or town country, and State)  Specify whether injury occurred in industry in home, or in public place.  Manner of injury.  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)	SERVED I INK-THI GE should it may be back of cer	8. Trade, profession, or particular	Stillbirth -
Name of operation Date of What test confirmed diagnosis? Was there an autopsy?  14. BIRTHPLACE (city or town) Prest on Ida.  (State or country)  15. MAIDEN NAME Leah Smith  16. BIRTHPLACE (city or town) Derby. England. (State or country)  17. INFORMENT James B. McQueen (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Prest on Ida. Date 10/11/3793  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  10. What test confirmed diagnosis? Was there an autopsy?  22. If death was due to exter causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury occurr? (Specify city or town country, and State)  Specify whether injury occurred in industry in home, or in public place.  Manner of injury.  Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)	RGIN RE FADING pplied. A	year) spent in this occupation (month and spent in this occupation preston Idaho	Other contributory causes of importance:
15. MAIDEN NAME Leah Smith  16. BIRTHPLACE (city or town) Derby, England, (State or country)  17. INFORMENT James B. McQueen  18. BURIAL, CREMATION, OR REMOVAL Place Preston Ida. Date 10/11/373  19. UNDERTAKER (Address)  20. FILED 193 JAMES B. McQueen (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Si	/ITH refull plain See	(State or country)  13. NAME James B. McQueen  14. BIRTHPLACE (city or town) Preston Ida.  (State or country)	What test confirmed diagnosis? Was there an autopsy?
Manner of injury  18. BURIAL, CREMATION, OR REMOVAL Place Preston Ida Date 10/11/373  19. UNDERTAKER (Address)  20. FILED  19. UNDERTAKER (Signed)  (Signed)  19. UNDERTAKER (Signed)  19. UNDERTAKER (Signed)  19. UNDERTAKER (Signed)	ILY, d be c TH it	(State of Country)	Accident, suicide, or homicide?
20. FILED 193 4 Whate (Signed) The Toloho, M.D.	ITE Pation E OF	18. BURIAL, CREMATION, OR REMOVAL Place Preston Ida Date 10/11/3793	Manner of injury
	N. B.—W] infor CAU TIO	(Address) 20. FILED 193 GW States	(Signed) , M. D.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
  10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

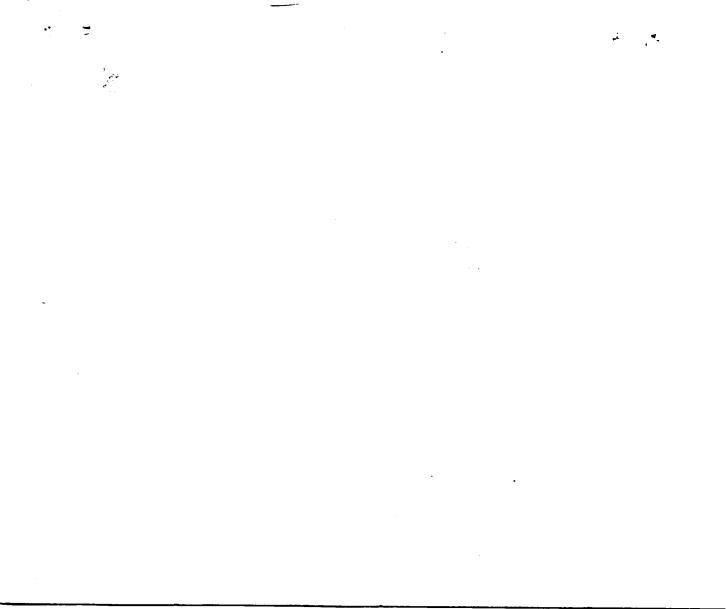
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related Date of onset The PRINCIPAL CAUSE OF DEATH and related Date of onset causes of importance were as follows: causes of importance were as follows: 1 week ago Attack of epilepsy Arteriosclerosis 1915 Chronic interstitial nephritis Run over by street car 1 week ago 1921 Peritonitis 3 days ago Cerebral hemorrhage July 5, 1927 Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: 1 year Gallstones May 1, 1923 Gastroenteritis ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

I daho State Board of Tealth State Index No. 1. PLACE OF BIRTH **BUREAU OF VITAL STATISTICS** ₹ Local Registered No. and the number STANDARD State County. RECORD. Registration District City (If birth occurred in a hospital or institution, give its name instead of street and number) If child is not yet named, make 2. Full name of child ..... PERMANENT supplemental report, as directed made for 8. Date of O BINDING 6. Prematur 7. Legiti If plural 3. Sex mate? -birthe (Month. day, year) Full term 5. Number, In order of birth MOTHE 18. Full FATHER 9. Fai 8 maiden name пате 19. Residence (usual place of abode) O. Residence (usual place of abode) (If nonresident, give place and State) (If nonresident, give place and State) . THIS 11. Color or race 🄼 13. Birthplace (city or place) - C 22. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc..... 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... UNFADING OCCUPATION OCCUPATIO 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc -----25. Date (month and year) last 16. Date (month and year) last 4 26. Total time (years) 17. Total time (years) engaged in this work engaged in this work spent in this work . spent in this work WITH child 27. Number of children of this mother (At time of this birth and including this child) (b) Born alive but now dead---- (c) Stillborn---(a) Born alive and now living --PLAINLY, then 28. If stillborn, (months 29, Cause of stillbirth ----period of gestation ..... During labor or weeks more CERTIFICATE OF ATTENDING 7.30 I hereby certify that I attended the birth of this child, who was  $\mathcal{L}$  m. on the date above stated WRITE When there was no attending physician or midwife, then the father, householder, etc., should make this return. .. Midwife Given name added from ä a supplemental report (Date of) ż Registrar. Registrar.



4.2.4	RECEIVED NUV	13 i933 STATE OF ID	ОАНО		
ery itemtof should state f OCCUPA-	i mion of bearing	DEPARTMENT OF PUBLIC WELFA BUREAU OF VITAL STATISTICS		DO NOT WRITE IN T	HIS SPACE
y in the second	County of Frome	CERTIFICATE O		State File No	1
<b>D</b>	City of I	Registration District No	10		
はられ		Primary Registration Distri		Local Registrar's No	
PHYSICIAN xact statemen	2. FULL NAME	red in a hospital or institution, Yeuderson	St	of street and number.)	70 <sup>6</sup>
A X X	(Usual place of abode) Length of residence in city or town where	e death occurred. yrs. mos.	ds. How long in U	(If nonresident give city or too I. S., if of foreign birth? yrs	
P. L.	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DEAT	H
PERMANENT d EXACTLY. r classified. Ex	3.SEX 4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)		f (month day, and year)	193
XX	Jemsle While		22. I HEREBY (	CERTIFY, That I attended dec	
PEF d EX y cla	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of		H)	e on, 193	,
V S 1 e d e d e d e d e d e d e d e d e d e	6. DATE OF BIRTH (month, day, and 7. AGE Years Months  8. Trade, profession, or particular	Days If LESS than 1 day,hrs. or min.	to have occurred on	the date stated above, at of death and related causes of	m.
AGE AGE hat it m	9. Industry or business in which work was done, as silk mill, saw mill, bank etc	1. Total time (years) spent in this occupation	Other contributory	causes of importance:	
NFA suppl rms,	12. BIRTHPLACE (city or town) frome Idaho				
	13. NAME Ref Hender  14. BIRTHPLACE (city or town)  (State or country)	son	-	No	
WITH carefull n plain	14. BIRTHPLACE (city or town) (State or country)	Dawa	H	diagnosis? Was the	
in in it.	(State of country)	Strock	[]	exter Icauses (violence) fill in a homicide? Date of	_
LAINLY should be DEATH y imports	15. MAIDEN NAME (Care 16. BIRTHPLACE (city or town)	olocedis	Where did injury o	(Specify city or town, county,	
	17. INFORMENT Ret Her (Address) Laronn	de son	place.	ury occurred in industry in h	
TE Pation E OF	18. BURIAL, CREMATION, OR REMOV				
.—WRITE ] information GAUSE OF TION is ve	19. UNDERTAKER (Address)		24. Was disease or inj	ury in any way related to occup	ation of deceased?
₩ H O H	20. FILED /0/27, 1933 C	has F. Zeller Registrar.	(Signed)(Address)	erone Idal	or, M.D.
Z				J	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE 1	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE OR LDARO Raim, Registrofton District No. 2 A Registrar's No. L. 2. FULL VAME OF CHED triplet, or other ..... 6. Temature L 7. Legitte 5 Number, in order of birth ... Continue Day, Your 18. Full PATHER REHT( niaiden name 10. Rosidence (usual place of abode) Residence (usual place of abode) (If now resident circ place and Stark) (If non-resident, give place and State) Ace at last birthday & L (years 120. Color of face 13. Birthm (ce (city or place)..... 1.22 Birthplace (city or place) ..... 14. Trade, prefession, or particular-Trade, profession, or particular kind kind of work done, as spinier; of work done, as housekeeper trail sawyer, booksteeper, etc. nurse, clerk, etc. 15. Industry or business in which Industry or business in which work was done, as silk mill, sauwork was done, as own horde, lawyer's office, silk mill, etc. mill bank ette. 16. Date (month and year) | 25. Date (month and wear) last engaged in this work IT. Total time (years) last engaged in this work [26. Total time (years): spent in this work spent be this work ..... 27 Number of children of this mother (At time or this hirth and including this child) (a) Born alive and abw living ... (b) Born alive but now dead ... (c) Stillborn. What prophyluctic was used to prevent Ophthalmia Neonatorum? 28. If stillborn. Before labor LT months. period of gestation . During labor. CERTIFICATE OF ATTENUING PHYSICIAN OR MIDWIF Lhereby certify, that I attended the birth of this child, who (Signed) ... LAm, on the date above stated... or ... - degrar silve or Stiffborn) When there was no attending physician or midwife, thens the father, householder, etc., should make this return!

W STATE OF IDAHO OCCO. DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County State File No. 86359 CERTIFICATE OF DEATH City Registration District No. Primary Registration District No...2 Local Registrar's No.... PHYSICIAN RECORD. (No. .... (If death on urred is a hospital or institution, give its name instead of street and number.) 2. FULL NAME..... (If nonresident give ci or town and state) (Usual place of abode) ds. How long in U.S., if of foreign birth? Length of residence in city or town where death occurred. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, or Divorced (write the word) 4. COLOR OR RACE 21. DATE OF DEATH (month day, and year) /0-6-193 3 I HEREBY CERTIFY, That I attended deceased from...... 5a. If maried, widowed, or divorced HUSBAND of .......... 193.3.: death is said (or) WIFE of to have occurred on the date stated above, at 2...... The principal cause of death and related causes of importance 6. DATE OF BIRTH (month, day, and year) were as follows: Date of onse If LESS than 7. AGE Months Days 1 day, ..... hrs. or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc..... OCCUPATION 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year) 12. BIRTHPLACE (city or town (State or country) FATHER Name of operation Date of What test confirmed diagnosis? ...... Was there an autopsy? .... 14. BIRTHPLACE (city or town) (State or country) 23. If death was due to exter leauses (violence) all in also the following: 15. MAIDEN NAME DEATH Where did injury occur?. 16. BIRTHPLACE (city or town). (Specify city or town, county, and State) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury..... 24. Was disease or injury input way related to (Address) (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

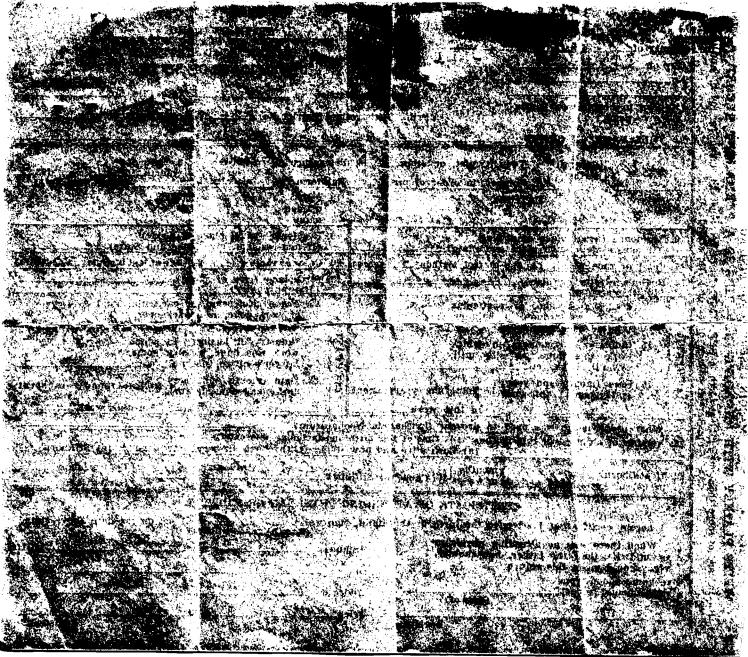
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of onset Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10V 1 0 1979 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARM County of BUREAU OF VITAL STATISTICS 21636 City of Care CERTIFICATE OF BIRTH 9 State File No. Registration District No. ..... (If born in hospital or institu-Prim. Registration District No. 20/5 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD made 8. Date of [f plural births 5. Number, in order of birth..... mate : Full term 18. Full MOTERIE 9. Full FATHER maiden name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 11. Color or race. W. | 12. Age at last birthday 3.2(years) 20. Color or race. 21. Age at last birthday. 32. (years) 22. Birthplace (city or place)..... (State or country) (State or country) 日日 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. sawyer, bookkeeper, etc ..... 24. Industry or business in which 15. Industry or business in which work was done, as own home. es ch lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year) 겉 child at number in this work 19 in this work ...... 19...... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? child 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2. (b) Born alive but now dead......(c) Stillborn....... one Before labor..... months 29. If stillborn. or weeks 30. Cause of stillbind more than period of gentality Level CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIF m. on the date above stated. I hereby certify that I attended the birth of this child, who was..... ö When there was no attending physician ; or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report.....(Date of) Begistrar. Registrar.



- <b>4</b> 23 PR	10V 1 0 1933 STATE OF ID	a ulter Benly
Every item of S should state ent of OCCU.	PLACE OF DEATH DEPARTMENT OF PUB	BLIC WELFARE DO NOT WRITE IN THIS SPACE
iry it iould of O	County of Minidaka CERTIFICATE O	
	City of Augusta Registration District No	10
NN S	Primary Registration Distri	ict No. 20/6 Local Registrar's No. 4
RECORD. Ev. PHYSICIANS R Exact statement	(No	give its name instead of street and number.)
, , —, —,	(a) Residence. No(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	St.  (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
ANENT CTLY.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
N Z Z Z	3.SEX 4. COLOR OR RACE or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 193 3  22. I HEREBY CEPTIFY, That I attended deceased from
IR BINDIN IS A PERI stated EXA roperly cla	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw halive on 193 193 death is said
D FOR B THIS IS and be stated be prope	6. DATE OF BIRTH (month, day, and year) (lug /2 /1933) 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
IIN RESERVE ADING INK-1 lied. AGE sho , so that it may	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and year).	during Partirytion (Second Stage) Other contributory causes of importance:
MARG H UNFally supp in terms	12. BIRTHPLACE (city or town) Agricultus (State or country)  13. NAME Claunce Omes	Name of operation Date of What test confirmed diagnosticuted Was there an autopsy?
WITH carefull n plain rtaut.	14. BIRTHPLACE (city or town) (State or country)	23. If death was due to exter leauses (violence) all in also the following:
\• 6 • • B	15. MAIDEN NAME Oda may Plum	Accident, suicide, or homicide? Date of injury, 193
LAINLY thould be DEATH	15. MAIDEN NAME (da may Plum) 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?(Specify city or town county, and State)
PLAI n shou F DE,	17. INFORMENT Clurence Omes (Address) Paul Ra	Specify whether injury occurred in industry in home, or in public place.
	18. BURIAL, CREMATION, OR REMOVAL Place Date Garage 53., 193	Manner of injury
WRITE informatio CAUSE O	19. UNDERTAKER Alan Goddina. (Address)	24. Was disease or injury in any way related to occupation of deceased?
I E C E	20. FILED // - 7 , 193 8/18/2018 Registrar.	(Signed) Culler J. M. D.  (Address) Burley Ida
Z		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I	Ī	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
			***************************************
	***************************************		***************************************

15 193 3

Before labor

STATE OF IT SHO PLACE OF BERS PETCATE OF BIRTH (if hard in hospital or inclus-Prim. Registration District Maxes tion give name 2. FUEL MANNE OF CRIED. Full term.... h.Number in order of birth MOTHER ile. Full FATHER maiden 90.104 nach Residence (usual place of abode) 10. Residence (usual place of abode) Alf nor assignt, give place and State Mises. (If non-resident, give place and State) Color or race .... Life and last Meriday Birthoface (city or place) ... z. ... Biethplace (chr. or place) ...... Treate or country haid deligating to impleed to the termination of of work done, as advisaries at narse derk etc..... 24. Industry or business in which 15. industry or business in which work was done, as own home, was was done, as slik nill, sawlawyer's office, silk mill, etc... mill bank etc. 25. Date (month and year) Date (rimith and year) last on agod in this work 17. Total time (years) lust engaged in this work [26. Total time (years) spent in this work... spent in this work..... 27. Number of children of this mother excises of this birth and includes his child. (4) Barnishive and new living. ad. (b) Born slive but now dead. (c) Stillborn ....... What prophylactic was used to prevent Ophthalmia Neonetorum? Refere labor ...... months 28. If stillborn. or weeks, 23. Cause of stilllirth ..... During labor.... period of assintien CERTIFICATE OF AFFENDING PHYSICIAN OR MIDWIF I hereby cemify that I attended the higth of this child, who (Signed) .A.s.. didwife. m. on the date above stated. Address L (Born Alive or Stillborn) When there was no attending physician or widests, then the father, householder, etc., should make this return

of	الناد	RECEIVED NOV 2 1933 <sub>STATE OF ID</sub>	АНО
		PLACE OF DEATH DEPARTMENT OF PUB	ILLU WELFARE   DO NOT WRITE IN THIS SPACE
item	SCT	County of Payette BUREAU OF VITAL S	1 84:204 1
verv		CERTIFICATE U	F DEATH State File No. OUS 31
E E	15 AS	City of Mew Stymouth Registration District No	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Z	Primary Registration Distric	ct No. Local Registrar's No.
ë.	SICIAN	(No(If Acath occurred in a hospital or institution,	
RECORD.	SIC	2. FULL NAME of tell borns	give its name instead of street and number.)
E	et i	(a) Residence. No.	St
H	XX II	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
ZX	d.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Z Č Mat	ii Ci	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 193
	EXA	Male w	22. I HEREBY CERTIFY, That I attended deceased from
NOI PER	11	5a. If maried, widowed, or divorced HUSBAND of	, 193, to, 193, 193
R	erly	(or) WIFE of	I last saw halive on, 193 death is said to have occurred on the tate stated above, at
X S	ope	6. DATE OF BIRTH (month, day, and year)	The puncipal cause of death and related causes of importance
2 2	ıld be sta be prope certificat	7. AGE Mears Months Days If LESS than 1 day,hrs.	were as follows: Date of onset
ED LH		8. Trade, profession, or particular	
	eho nay k of		1 2
	GE it m	kind of work done, as spinner, sawyer, bookeeper, etc  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at 11. Total time (years)	
H C		5 saw mill, bank etc	Other contributory causes of importance:
	y supplied. terms, so th instruction	10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	The Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killian state of the Killi
	opli uot	12. BIRTHPLACE (city or town) New Clymouth	1 PV
ARGI	sul rm	(State of country)	
		13. NAME John Oryant Keagor	Name of operation Date of
WIT		13. NAME John Oryant Keagor  14. BIBTAPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
3	in p	(State of country)	23. If death was due to exter causes (violence) fill in also the following:
Þ	S E E	15. MAIDEN NAME Elsie Madine Laston  16. BIRTHPLACE (city or town) John Ma	Accident/suicide, or homicide? Date of injury, 193  Where did injury occur?
Z	uld ATI npor	16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town county, and State)
¥	should DEAT y impo	17. INFORMENT John Bryant Reagon	Specify whether injury occurred in industry in home, or in public place.
5	2 F4 6	(Address) New Olymouth Stake	Manner of injury
¥	is C	18. BURIAL, CREMATION, OR REMOVAL Place	Nature of injury
WRITE	informatio CAUSE O FION is v	19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
<b>≱</b> 	inform CAUS) TION	(Address)	If so, speedy
Œ		20. FILED OU 31 , 193 3 10 No To The TOWN	(Signed), W. D.
7	į l	Hegistrat.	(Address) Payette Jacks

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
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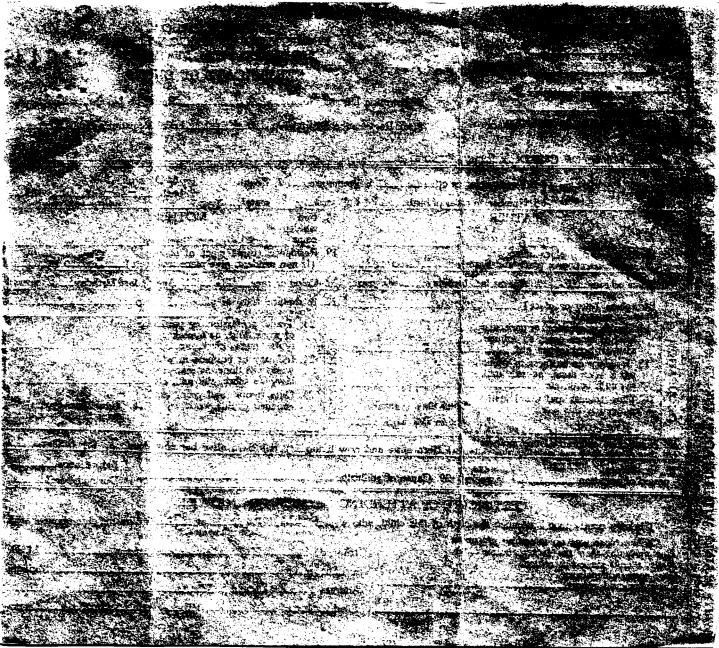
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EXAMPLE I	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

**************************************	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH  strict No. /23 State File No.  Ion District No. 220/ Local Registrar's No. 107
2. FULL NAME OF CHILD Baby Frishie 6. Pro	7 Tagist 8 Date of
Male births (5. Number, in order of birth Full FATHER name Amos Frisbie	
10. Residence (usual place of abode) (If non-resident, give place and State)Kellogg  11. Color or race_Am 12. Age at last birthday24(years)	19. Residence (usual place of abode) (If non-resident, give place and state) Kellogg  20. Color or race Ans 21. Age at last birthday 19 (years)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	22. Birthplace (city or place)Idaho
16. Date (month and year) last engaged in this work  Present  Number of children of this mother	o spent in this work
(At time of this birth and including this child) (a) Born alive and now 28. If stillborn, nine (months period of gestation	b Before labor During labor
When there was no attending physician or midwife, then the father, householder, etc., should make this return.  Give name added from or	G PHYSICIAN OR MIDWIFE  was Stillborn at 7130 man the date above stated.  BORN ALIVE OF STILLBORN.  Igned) , M. D.  Midwife  dress Kellogg, Idaho 7  Registrar.
	County of SHOSHONE 819 1/2 City of RFILIOGO  No. St. None Registration Direction in hospital or institution give name.)  2. FULL NAME OF CHILD Baby Frisbie  3. Sex If plural 4. Twin, triplet, or other 6. Probieths 5. Number, in order of birth Fu births 5. Number, in order of birth 10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg 11. Color or race Am. 12. Age at last birthday 24(years)  13. Birthplace (city or place) Oklahoma (State or country)  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work Present 19 17. Total time (years) spent in this work. Present 19 17. Total time (years) spent in this work. At time of this birth and including this child) (a) Born alive and no 28. If stillborn, nine (or weeks 29. Cause of stillbirt CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of this child, who work was added from a supplemental report. (DATE OF)



RECEIVED ICT 10 1933 STATE OF IDAHO PLACE OF DEATH A DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of .... CERTIFICATE OF DEATH State File No..... Registration District No..../23 statement Local Registrar's No. 50 Primary Registration District No. 2201... NENT RECORD. (No. \_\_\_\_\_\_)
pecurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME..... (a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. mos. ds. How long in U. S., if of foreign birth? yrs. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. Single, Married, Widowed, 3.SEX 21. DATE OF DEATH (month day, and year) or Divorced (write the word) WEREBY CERTIFY, That I attended deceased from..... *\_\_\_\_\_\_*, 193**.3**, to....., 193...., 5a. If maried, widowed, or divorced HUSBAND of I last saw h......alive on......, 193.....; death is said (or) WIFE of 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance If LESS than Date of onset 7. AGE Years Months Days 1 day, ..... hrs. or min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc...... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: 11. Total time (years)
spent in this
occupation..... 10. Date deceased last worked at this occupation (month and 12. BIRTHPLACE (city or town)
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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	\$ days ago
May 1, 1928	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1923	causes of importance were as follows:  Attack of epilepsy  1921  Run over by street car  Peritonitis  Other Contributory Causes of importance:

9 1	1. PLACE OF BIRTH 219-114 OV 18 193:	STATE OF IDAHO
큠	County of SHOSHONE 219-114	DEPARTMENT OF PUBLIC WELFARE
ᇎᇼ	County of 51000 040 446	BUREAU OF VITAL STATISTICS 216449
of more n stated.	City of KELLOGG 040 47 6	CERTIFICATE OF BIRTH
P o	No St.	
birth	BOSS MATERIAL HOLD Registration Di	strict No /2 3 State File No.
r of		ion District No. 220' Local Registrar's No. 211
	give name.)	ion District No
a g	A PRICE MARKE ON CHUID DADWIND	
Z g	2. FULL NAME OF CHILD BABY BARNHART	
Sal	3. Sex If plural 4. Twin, triplet, or other6. Pr	emature 3 7. Legiti- 8. Date of
Ŏ 8	MATE births 5. Number, in order of birth Fu	birth_AYTANTON, 193
되이	9. Full FATHER	18. Full   MOTHER
F 3	name	maiden
	Elwood Barnhart	name Dora May Duffy
	10. Residence (usual place of abode) (If non-resident, give place and State)Qsborne	19. Residence (usual place of abode) (If non-resident, give place and state) Oshorne
PERMANENT RECORD.		
a K	11. Color or race me 12. Age at last birthday 22 (years)	
무선	13. Birthplace (city or place)Idaho	22. Birthplace (city or place)Idaho(State or country)
₹ĕ	(State or country)  14. Trade, profession, or particular	23. Trade, profession, or particular kind
ស្គ	kind of mork done as eninner	of work done, as housekeeper.
THIS made	sawyer, bookkeeper, etcMiner	typist, nurse, clerk, etc
王副	15. Industry or business in which work was done, as silk mill,	work was done, as own home,
اقال	sawmill, bank, etc.	typist, nurse, clerk, etc
nust be	16. Date (month and year) last engaged in this work 17. Total time (years)	0   25. Date (month and year) last   0   engaged in this work   26. Total time (years)
5	engaged in this work spent in this work	Spent in this work
Z	* resent 19	19
WITH UNFADING a Separate Return d	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and no	w livingO (b) Born alive but now dead_O. (c) Stillborn_1
	20 K willham five & (months	Before labor
5	period of gestation or weeks 29. Cause of stillbirt	h Prematurity During labor
Εď		C DIMENSION LANDINGER
E's	CERTIFICATE OF ATTENDIN	
2 g		was Stillhorn at m. on the date above stated.
[[[	( When there was no attending physician)	igned)
	or midwife, then the father, householder, (S	
PLAINLY nild at birth,	Give name added from or	Midwife
급흥	a supplemental reportAc	dress _ Kellogg Idaho 9
Eal	Fi	led Nov. 10 , 1933 Mrs. Jedus M Berl
WRITE PL	Registrar.	Registrar.



SORD. Every item of SICIANS should state t statement of OCCU.	PLACE OF DEATH County of County of City  CLIC WELFARE STATISTICS F DEATH  CT No. 229/ Local Registrar's No. 56	
RE( PHY Exac	2. FULL NAME	St.  (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERMANENT PERMANENT ed EXACTLY. 1 ely classified. 1	PERSONAL AND STATISTICAL PARTICULARS  3.SEX	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH (month day, and year) (2016 198)  22. I HEREBY CERTIFY, That I attended deceased from 198 198 198 198 198 198 198 198 198 198
VED FOR BITHIS IS A bould be state any be proper back of certifi	6. DATE OF BIRTH (month, day, and year). Qet. 16-1933 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at
IN RESERVIDING INK.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	Other contributory causes of importance:
MARG B PLAINLY, WITH UNFA on should be carefully suppl OF DEATH in plain terms, is very important. See ins	12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMENT  (Address)  18. BIRTHPLACE (city or town)  19. Company  10. Description  10. Description  11. Description  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMENT  (Address)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?  23. If death was due to exter leauses (violence) all in also the following: Accident, suicide, or homicide? Date of injury , 193 Where did injury occur? (Specify city or town county, and State) Specify whether injury occurred in industry in home, or in public place.  Manner of injury.
N. BWRITE information CAUSE OF PATION i	18. BURIAL, GREMATION, OR REMOVAL Place (Culojs log Date Oct. /9 1993  19. UNDERTAKER (Address)  20. FILED DL 9, 1983 Mrs. Juliu In Bride Registrar.	Nature of injury  24. Wastilsease or injury in any way related to occupation of inceased?  (Signed)  (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

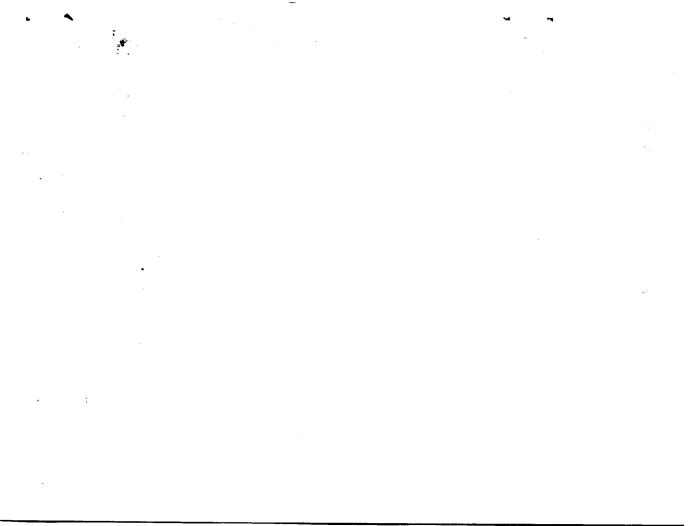
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I	i	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

ENVENTED TO	^
HE WAR DE MARKE SEC 11 1865	STATE OF IDAHO
County of Bannock D	EPARTMENT OF PUBLIC WELFARE
City of Pocatello	BUREAU OF VITAL STATISTICS 216649
No. 101 South Johnsonst.	CERTIFICATE OF BIRTH
No. 101 South Control St.  Pocatello General Hospital Registration Dist	78 ,114
rocate 110 General nosp1 tal Registration Dist	rict No. State File No.
(If born in hospital or institution give name.) Prim. Registration	on District No. 21.6. Local Registrar's No
FULL NAME OF CHILD	Stillborn
(If stillborn, st	obstitute the word "Stillbirth" for name of child)
Sex of Child Male Twin and Sex of Child Male (To be answered only in event of plural bi	Legiti- mate?No Date of November 24 , 19.33 (Month) (Day) (Year)
What prophylactic was used to prevent Ophthalmia No	
	(a) Born alive and now living None
None	Una
DOLU WILLE DAT HOW GEST	_ Stillborn
FATHER	FULL MOTHER MAIDEN Victoria D. Philips
NAME	NAME VIOURIS S. THIIIPS
Residence (Usual place of abode)	(Usual place of abode) 233 NOTUA 34A
If non-resident, give place and State	If non-resident, give place and State  Italian  Age at last birthday 17
Color or race	COIOF OF PACE
(Years)	
Birthplace (City and State or County)	N (City and State or County)
Occupation	
CERTIFICATE OF ATTENDIT	NG PHYSICIAN OR MIDWIFE*  (Born alive)
I hereby certify that I attended the birth of this	) — [
on the date above stated.	child, who was ( Svinsely)
	nature) / Complete Communication
(*Where there was no attending physician or mid-)	
where there was no attending physician or must wife, then the father, householder, etc., should make this return. A stillborn child is one that	(Physician or mitaite)
	ess Falls parks
(	12-8 133 D Ray
Filed	Registrar.



SN F	ECEIVED 10 1933 DEPARTMENT OF PUR	7 7 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
A D	DIDEAU OF MEAT	A TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTA
PHYSICIANS of OCCUPA-	CODMINICATION OF	1 00004
H C	County of Banna Registration District No	2
E o	City of Part at 1888	ict No. 2/6/ Local Registrar's No.
,Υ, nen	Primary Registration Distr	ict No
EECORD EXACTLY, act statemer	(If death occurred in a hospital or institution, give	its name instead of street and number.)
6 ¥ ¥	91 to DO Wins	
	2. FULL NAME CAPACITY MILETYPES	
7.3	(a) Residence. No. 32 3	(If nonresident give city or town and State)
Sta.	Length of residence in city or town where death occurred. yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
DING A PERMANENT should be state erly classified. F	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G ERMA! uld be classifi	3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DEATH
ING PERI should rly clas	or Division (wind all work)	(Month) (Day) (Year)
BINDIN IS A F AGE she properly	5a. If married, widowed, or divorced HUSBAND of	17. I HEREBY CERTIFY, That I attended deceased from
IS IS IS IS IS IS IS	(or) WIFE of	1. I HERMED CHRIST I, THE I sevended decessed from
SA	6. DATE OF BIRTH (month, day and year) Por 24 - 33	that I last saw h Salive on 19
FOR THIS ed. A	7. AGE Years Months Days If LESS than 1 da	- N
NK—TI Supplied it may if may	brs. ·	The CAUSE OF DEATH* was as follows:
RVE INK supp it r	8. OCCUPATION OF DECEASED	
<b>≃</b> - → 1		Sulfton
RGIN RESEUNFADING be carefully erms, so than a back of ce	(a) Trade, profession, or particular kind of work	
N RES FADIN careful 8, so th	(b) General nature of industry, business, or establishment in	(duration) yrs, mos. ds.
UNFA UNFA be car terms, a	which employed (or employer)	CONTRIBUTORY Benedico (6 mg)
	(c) Name of employer	(Secondary)
MA PLAINLY, WITH information should be DEATH in plain (	9. BIRTHPLACE (city or town)	(duration) yrsmosds.
ctive W	(State or country)	18. Where was disease contracted if not at place of death?
truit,	10. NAME OF FATHER	Did an operation precede death
PLAINLY nformation DEATH i	de Dimension of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	Was there an autopsy?
EA EA	11. BIRTHPLACE OF FATHER (city or town) (State or Country)	What test confirmed diagnosis
Z žo.	11. State of Country)  Yulandy  12. MAIDEN NAME OF MOTHER	(Signed) M. D.
E CHE	12. MAIDEN NAME OF MOTHER	(Address) (Address)
WRITE em of j JSE OF portant	18. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
E CE	(State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Every state C. is very i	14. Al. D. il Your	19. Place of Burial, Cremation, or Removal Date of Burial
Sve sate vel	Informant Andrews	Mon 25 1933
	(Address) 933 776 5 241.	26. Undertaker Address
N. B. should TION	15. Filed 12-3, 1933 / / ay	B P D D Pacolito
ZAL	Registzár	Joynon 19. Nonnaed

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneu-(name origin; "Cancer" is less definite; avoid

monia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease: Chronic interstitial nephritis. etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS-Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

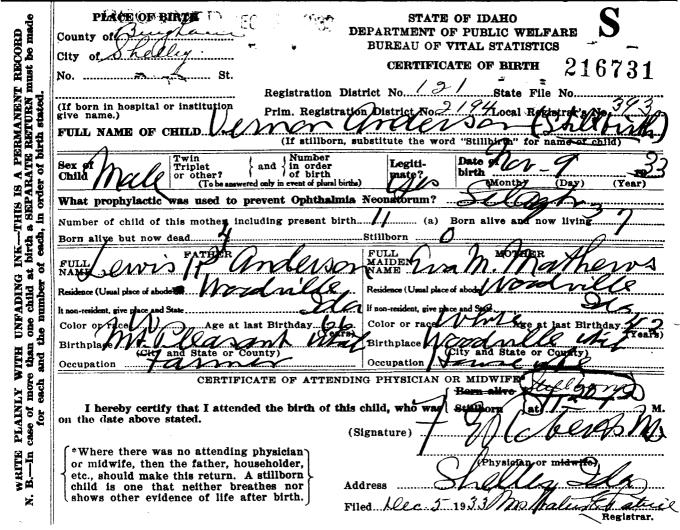
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

NOD



THE THE THE WAY TO DESCRIPT To VIDE CERTIFICATE OF BERTH Registration District No. of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of th Paged in honoits of institute a Prim Registration Shirtic No. Lory! Return off stiffern, substitute the word Stifferent Legistmater THOOM'S market only in come of plural beatthe med to mayout Ophthelm Marinage 7 Born shall (n) Number of wild of talk mother, including present birth. Company of the Company to concentration to the property and the feet to page 1 color or race. Age at last Birthday. ELETTETICATE OF ATTENDING BHYSICIAN OR MIDWIFES Horn alive ha I hereby contile that I astended the blufts of this child, who was I stillburg. on the date above stated. (Signature) Where there was no attending physician (Thysisian or misserts) or midwife, then the father, houseledder, etc. should make this zeturn. A stribusp cities in one that religion breather nor Meridae. shows other exidence of life after little.

Al State LA Court of	
STATE OF IE	АНО
DEFARTMENT OF PUB	LIC WELFARE DO NOT WRITE IN THIS SPA
PLACE OF DEATH BUREAU OF VITAL	CT A TICTICC
	F DEATH State File No. 86542
County of Registration District No	19-1
Registration District No	Local Registrar's No. 6
City of D Registration Distri	ct No.
(No	)
//If death occurred in a hospital or institution, give	ts name instead of street and number.)
2. FULL NAME Leman Undle	sor ( Stillberth) no
192000	
(a) Residence. No	(If nonresident give city or town and State
Length of residence in city or town where death occurred. yrs. mos.	ls. How long in U. S., if of foreign birth? yrs. mos.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
AL SEX 4. 4. COLOR OR RACE 5. Single, Married, Widowed,	16. DATE OF DEAPH
of Dworsed (write the word)	11000 9
11 my 11 month or port	(Month) (Day) (Yes
5a. If married, widowed, or divorced HUSBAND of	17. I PAREBY CERTIFY, That I attended deceased from
(or) WIFE of	1100 0 32 100 000
C DAME OF DIDMI (	, 10
6. DATE OF BIRTH (month, day and year) 7. AGE Years Months Days If LESS than 1 day	that I last saw home alif
7. AGE 1627 Months Days II LESS than I tual	and that death occurred, on the date stated above, at
1933 May. 9 min.	The CAUSE OF DEATH* was as follows:
8. OCCUPATION OF DECEASED	
(a) Trade, profession, or particular kind of work	1 John Hay worked
particular kind of work	I la a la la la la la la la la la la la l
(b) General nature of industry,	(duration) yrs. mos.
business, or establishment in which employed (or employer)	
(c) Name of employer	CONTRIBUTORY (Secondary)
Man / Man O /	(duration) yrs. mos.
9. BIRTHPLACE (city or fown)	18. Where was disease contracted
(State or country)	if not at place of death?
10. NAME OF FATHER	Did an operation precede death?
Jum 11. Upravon	Was there an autopse?
2) 11. BIRTHPLACE OF ATHER (sty or town)	What test confirmed diag tosis?
ETAN Il down While	M (Signed) T VII O MOND
11. (State or Course)  12. MAIDENNAME OF MOTOR	1 10x-10 12 2 (Address) ( )
a Wall. // aremo	on only
13. BIRTHPLACE OF MOTHER (city of town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOI
(State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOI CAUSES, state (1) MEANS AND NATURE OF INJURY, and whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Well DOT	_
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(Address) Sunty	20. Undertaker Address
15. Market 138 Tro Stalen Etatue	& Jours.
Filed Registrar	

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The guestion applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite discourt care he ascentined as the disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

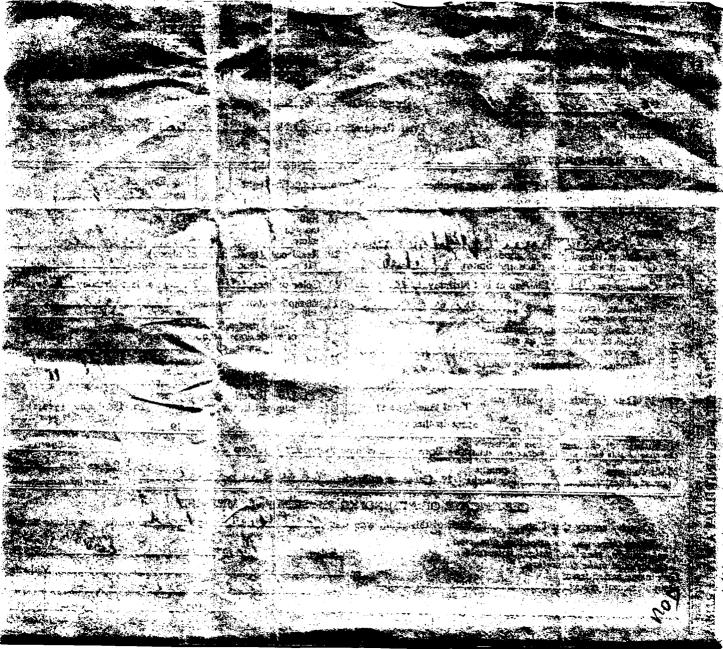
Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

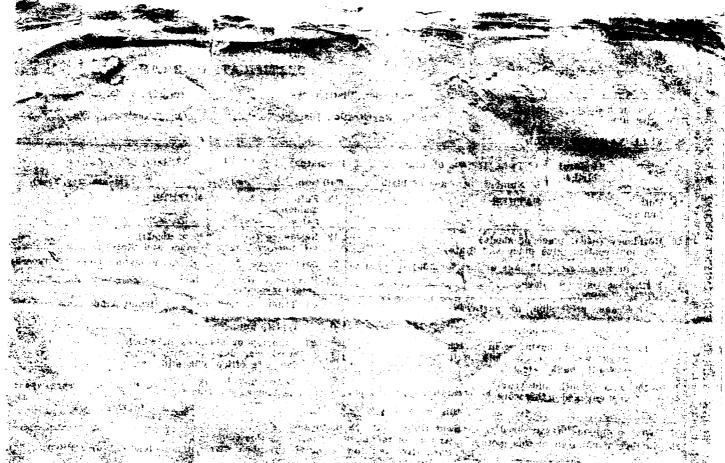
Do not accept a certificate of death signed only by a

midwife.

<b>į</b> 1	1. PLACE OF BIRTHY E.D. JEC 1975	STATE OF IDAHO
	County of Consultance	DEPARTMENT OF PUBLIC WELFARE
g		CERTIFICATE OF RIPTIN 216888
3	City of ULLSELSE	CERTIFICATE OF BIRTH
birth stated	No	strict No. 3007 State File No.
3.5	Registration Di	<b>^</b>
j	(If born in hospital or institution Prim. Registrat give name.)	ion District NoLocal Registrar's No/
order	give name.)	
1 2	2. FULL NAME OF CHILD	
	3. Sex O If plural (4. Twin, triplet, or other6. Pr	emature 7. Legiti- 8. Date of
1 1 1 1 1 1 1	1 7 7 10 1 11 1	140 birth 000 6, 1933
}७	(2) Transcer, in order or order-	ll term 444   mate? (MONTH, DAY, YEAR)
number	9. Full FATHER	marden t.d.
the num	Johnstein 4 Milson	name Marogoro somethin 36
the	10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and state) Usual Selone
3 I	11. Color or race 114   12. Age at last birthday 144 (years)	11
and		(1)
녛	13. Birthplace (city or place) Collaboration Collaboration (State or country)	(State or country)
2 2	14. Trade, profession, or particular	23. Trade, profession, or particular kind
ات :	kind of work done, as spinner, sawyer, bookkeeper, etc.	of work done, as housekeeper, typist, nurse, clerk, etc
nade	sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill,	24. Industry or business in which
1 8	work was done, as silk mill, sawmill, bank, etc.	work was done, as own home, lawyer's office, silk mill, etc.
<i>-</i> ' ' ' '	sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years)	25. Date (month and year) last
T IS	engaged in this work 17. Total time (years)	o engaged in this work 26. Total time (years) spent in this work
TURN T	spent in this work	. 19 spent in this works
RETURN must	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and no	w living 6 (b) Born alive but now dead (c) Stillborn
	l	Refore labor
PARATE	28. If stillborn, period of gestation	h Yese During labor
	COMMUNICATION OF ACTIONAL	
S S	CERTIFICATE OF ATTENDIN	
	I hereby certify that I attended the birth of this child, who	(BORN ALWA CONTILLEORN)
birth,	When there was no attending physician ) or midwife, then the father, householder, } (S	igned) A Please & Jobbs M. D.
ᇘ	l etc., should make this return.	Midwife
겁	Give name added from a supplemental report.	M/ 10000 10/1/1
말	(DATE OF)	Sancia Sancia
2 0		led 199 / 3 , 193.2 Collection Registrar.
}	Registrar.	ÇÇTONT A L. V L
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 Total time (years) spent ۾ 16. Date (month and year) last engaged in this work 17. Total time (years) spent must NOW 19 in this work..... in this work. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn Could not rouslie et Before labor.... months WITH UNI or weeks 30. Cause of stillbirth..... 29. If stillborn, During labor.. period of gestation..... CERTIFICATE OF ATTENDING PHYSICI I hereby certify that I attended the birth of this child, who was m. on the date above stated. When there was no attending physician ! (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Address 턩 Registrar.



RECEIVAD and to 10	STATE OF IDA	<b>HO</b> 5			
VECT AND BUILD IN	DEPARTMENT OF PUBLI	C WELFARE	DO NOT WRITE IN	THIS SPACE	Ì
PLACE OF DEATH	BUREAU OF VITAL ST	ATISTICS	State File No	86606	
County of Clearwater	CERTIFICATE OF				
- City of Orafino R FN	Registration District No	90		/	'.5
Oity of Services	Primary Registration District	No. 2/8	Local Re	gistrar's No	<u>,                                    </u>
	(No		)		
If death occ	urred in a hospital or institution, give	ts name instead o	f street and number.)	400	
2. FULL NAME	Low Grown	- (sue	( bom)		
(a) Residence. No.	Lus PIN	St	(If nonresident give C	ity or town and S	State.)
(Usual place of abode.) Length of residence in city or town where	death occured. yrs. mos.	ds. How long	in U. S. if of foreign birth?	yrs. mos.	ds.
PERSONAL AND STATISTIC	AL PARTICULARS	<b>3</b> °	MEDICAL CERTIFICATE	PEATH /	
8. SEX 4. COLOR OR RACE	<u> </u>	16. DATE OF	DEATH PULL	on on	33
havile white	5. Single, Married, Widowed, or Divorced (write the word.)	The first	nor.	3	, 19
			(Month)	Day)	(Year)
Fa. If married, widowed, or divorced HUSBAND of		17. I HEREB	Y CERTIFY, That I attended	deceased from	
(or) WIFE of			, 19, to		, 19
6. DATE OF BIRTH (month, day and year)	11/3/33		h alive on		, 19
7. AGE Years Months	Days If LESS than 1 day,	and that des	ath occurred, on the date sta	ted above, at	m.
sulform	min.	*State the Di	ISEASE CAUSING DEATH, of (1) MEANS AND NATU DENTAL, SUICIDAL, or HOLF DEATH* was as follows:	r in deaths from 'RE OF INJURY,	JIOLENT and (2)
8. OCCUPATION OF DECEASED		whether ACCII	DENTAL, SUICIDAL, or HO!	MICIDAL.	
(a) Trade, profession, or particular kind of work		Foot 1	presentation	and	
(b) General nature of industry,			s, Contor acle	on ore	•
business, or establishment in which employed (or employer)		PO	neces later		 D-S
(c) Name of employer		head.	eny-		
9. BIRTHPLACE (city-or town)	how RFD:		(duration)	yrsmos.	ds.
(State or country)			RY		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10. NAME OF FATHER	L. L.	(Secondary)	) (duration)	ves mos.	ds.
talph lugus	1 Franco	1	s disease contracted		
11. BIRTHPLACE OF FATHER (city	or town)	if not at	place of death?		
(State or Country)	ert I daho		ion precede death?	Date of	*****************
11. BIRTHPLACE OF FATHER (city (State or Country)	Walter Springs	1 <i>.</i>	autopsy?		1844 - F. C. C. C. C. C. C. C. C. C. C. C. C. C.
6 My Mills	reaching of the	What test co (Signed)	nfirmed diagnosis	sin	M. D
18. BIRTHPLACE OF MOTHER (city (State or County)	eliste Idohi	11/4	19 33 (Address) C	rofino de	liso
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(Address)	1200	20. Undertak	er c	Address	<u></u>
15. Filed 24, 19	14.ll of four	Ralls	I Second	Bill	ut
	Registrar.	-wy	- January		
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A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer. Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Saleman. (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc. without more precise specifications, as Day laborer. Farm laborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeeners, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"); Diptheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"): Lobar Pneumonia: Bronchopneumonia ("pneumonia." unqualified, is indefite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin): "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms: Measles: Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy." "Exhaustion." "Heart Failure," "Hemorrhage," "Inanition." "Marasmus." "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE toppty of BURBAU OF VITAL STATISTICS cur & Ire CERTIFICATE OF BIRTH State File No. Registration District No. ... (If born in homital or institu-Prim. Registration District No. 2/19 Local Registrar's No. 6 tion give name.) 2. FULL NAME OF CHILD N. N. 4. Twin, triplet, or other....... 6. Premature T. Legiti-[f plural R. Date of 3. Sex birth... birtha 5. Number, in order of birth..... Full term..... mate? M number of MOTHER 18. Full FATHER 9. Frall maiden name/ name 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT (If non-resident/ give place and State) (If non-resident, give place and State)....... 11. Color or race // 12. Age at last birthday 36 (years) 13. Birthplace (city or place) John With (State or country) each, 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done as spinner. CUPATION typist, nurse, clerk, etc. ◂ sawyer, bookkeeper, etc ...... 24. Industry or business in which 15. Industry or business in which made work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent INE. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNITADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3....(b) Born alive but now dead. ....(c) Stillborn. .... Before labor..... months or weeks 30. Cause of stillbirth..... 29. If stillborn, During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWE I hereby certify that I attended the birth of this child, who was m, on the date above stated. When there was no attending physician ! (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Address chil Filed LOCE Registrar.

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rery item of should state f OCCUPA-	PLACE OF DEATH County of Panklin	DEPARTMENT OF PUR BUREAU OF VITAL	SLIC WELFARE STATISTICS	DO NOT WRITE IN T	
	City of Preston	CERTIFICATE O  Registration District No  Primary Registration District	27	State File NoLocal Registrar's No	
RECORD. EXPHYSICIANS Kact statement o	(If death of Baby 2. FULL NAME Baby	(No curred in a hospital or institution, sehwartz	give its name instead	of street and number.)	206
PH Exact	(a) Residence. No(Usual place of abode) Length of residence in city or town w	here death occurred. yrs. mos.	ds. How long in U	If nonresident give city or town. S., if of foreign birth?	
i i	PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
PERMANENI d EXACTLY. ] 7 olassified. Ex	3.SEX 4. COLOR OR RAC White	or Divorcel ( The word)	21. DATE OF DEATH (month day, and year) Non 26  22. I HEREBY CERTIFY, That I attended deceased from		
<sup>1</sup> 7	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of		I last saw h allve on 193 death is said		
THIS I	6. DATE OF BIRTH (month, day, as 7. AGE Years Months	Days If LESS than 1 day, hrs. or min.	to have occurred on The puncipal cause were as follows:	the date stated above, at	of importance  Date of enset
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc		Jacula Freial		
lied.	year)	spent in this occupation	Other contributory	causes of importance:	4
WITH UNFADIN carefully supplied. n plain terms, so that. See instruction	12. BIRTHPLACE (city or town) Preston Idaho (State or country)				
	13. NAME Godfrey Schwartz  14. BIRTHPLACE (city or town) Legan Utah (State or country)  15. MAIDEN NAME Belva Phillips  16. BIRTHPLACE (city or town) Weston Idaho (State or country)		Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 23. If death was due to exter leauses (violence) fill in also the following:  Accident, suicide, or homicide? Date of injury , 193.  Where did injury occur?		
in int.					
LAINLY, V should be co DEATH in y important.	The state of country		Where did injury occur?		
F B B B	(Address)	y Schwartz ayton Idaho	place.  Manner of injury		
	18. BURIAL, CREMATION OR REMOVAL Date Nev 26 <sub>193</sub> 33		Nature of injury		
WRITE I information CAUSE OF		endrieks Preston Idaho	24. Was disease or inju	ary in any way related to occupa	ition of deceased?
 B.:	20. FILED Der 8 , 193 3	G. W. Slatter	(Signed)(Address)	Preston,	I dalw
4					

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

OKTOK HIDAY ED ) FC STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of ... BUREAU OF VITAL STATISTICS 217033 CERTIFICATE OF BIRTH (If born in hospital or institution Prim. Registration District No.....Local Registrar's No..... give name.) FULL NAME OF CHILD .... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Legiti-Sex of Triplet in order birth Child or other? mate27 (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Stillborn Con Born alive but now dead..... FULL MOTHER FULL NAME W NAME . ridence (Usual place of abode) If non-resident, give place and State It non-resident, give place and State Birthplace ..... and State or County) (City and State Occupation ..... Occupation ...... ERTIFICATE OF ATTENDING PHYSICIAN OR MIDWISE I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) ..... WRITE R.—In \*Where there was no attending physician? or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Filed // \_\_\_\_\_\_19.3.3 Registrar.

STATE OF IDAHO DEPARTMENT OF TUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BERTH Registration Divide No. . . State File No. Prim. Registration District No. Local Register's No. FULL NAME OF CHILD ..... "all stillboar sub titute the word "Wilbirth" for name of child) TO STANI -inine.1 diste? drild to ! Child -( In he answered only in event of plant higher What prophylactic was used to prevent Ophthahula Nonatorum? Number of child of this motion, including prosent birth. A me to Horn alive and new living that the Parent office but now dead, and are Reservance of level place of abode ...... I hereby certify that I seconded the birth of this child, who was stillborn on the date above stated. ्र (अवद्यानिकास्यान्तिः) for A here there was no attending physicians (Physician or mide ife) or eddysite, then the father, bestscholder, ere, should make this return. A stillborn child is one that weither breather nor shows other evidence of life after hirth. I

FORM V. S. No. 5-A-25M. 1-19 IFC. STATE OF IDAHO RTIFICATE OF DEATH DEPARTMENT OF PUBLIC WELFARE PLACE OF DEATH BUREAU OF VITAL STATISTICS Registration District No. County of 2cm State File No...... Primary Registration District No. City of Tunnel Local Registrar's No..... If death occurs away from If death occurred in a hospital, institution or camp. usual residence, give facts Stillborn Infan give its NAME instead of called for under special information. 2. FULL NAME..... street and number. WEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR BACE & SINGLE, MARRIED, WID-OWED OR DIVORCED 16. DATE OF DEATH Write the word) I HEREBY CERTIFY, That I attended deceased from 17. (Year) that I last saw h alive on U 7. AGE IF LESS than 1 day how many .....hrs. or The CAUSE OF DEATH\* was as follows: Stillbarn Defarmed boly 8. OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or estab-(Duration) yrs. mos. ds. lishment in which employ-Contributory & ed (or employer)..... 9. RIRTHPLACE (State or Country) Lem 10. NAME OF Father (Address) 11. BIRTHPLACE \*State the Disease Causing Death: or in deaths from Violent OF FATRER Causes, state (1) Means of Injury; and (2) whether Accidental, (State or Country) Suicidal or Homicidal. 12. MAIDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) In the 18. BIRTHPLACE At place of death.....yrs.....mos......days. State.....yrs.....mos......ds. OF MOTHER (State or Country) Mmut Laule Where was disease contracted if not at place of death?.... 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE CAUSE OF important. Former or (Informant) . usual residence 19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Fromwell Edaho 1/-12-1933 15. 20. UNDERTAKER ADDRESS

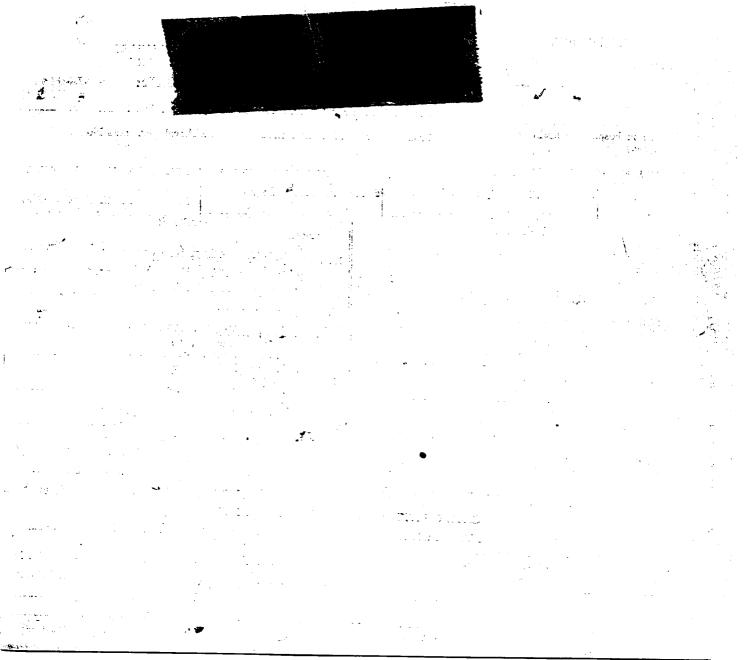
A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

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RECEIVED STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE MIREAU OF VITAL STATISTICS County of 217059 RECORD CERTIFICATE OF BIRTH No. State File No.\_\_\_\_ Registration District No. \_Local Registrar's No.\_\_\_\_\_ (If born in hospital or institution Prim. Registration District No. PERMANENT give name.) 2. FULL NAME OF CHILD. 8. Date Premature 4 4. Twin, triplet, or ot If plural birth 3. Sex mate?\_ births ( MONTH, DAY, YEAR Full term\_\_\_\_ 5. Number, in order objirth MOTHER must 18. Full FATHER 9. Full maiden name 19. Residence (usual place of abode) Actif non-resident, give place and Sealed 10. Residence (usual place of abode) (If non-resident, give place and State) 21. Age at last birthday 20. Color or race\_\_ 12. Age at last birthday 5 4 (years) 11. Color or race 22. Birthplace (city or place) 13. Birthplace (city or place) ----(State or country) (State or country) 23. Trade, profession, or particular kind of work done, as housekeeper, 1 1 1 14. Trade, profession, or particular typist, nurse, clerk, exkind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc .... sawmill, bank, etc. \_. 25. Date (month and year) last! 16. Date (month and year) last 17. Total time (years) 26. Total time (years) engaged in this work UNE spent in this work... engaged in this work spent in this work... Ħ (At time of this birth and including this child) (a) Born alive and now living 1. (b) Born alive but now dead 0...(c) Stillborn. ( months 28. If stillborn. During labor #1 29. Cause of stillbirth ) or weeks period of gestation.\_\_\_\_ CERTIFICATE OF ATTENDING PHYSICIAN OF MID m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report\_\_\_\_\_ Address (DATE OF) Registrar.



ORE 1/4 FED-25 EC. 1-11.3 /1933 STATE 1 IDAHO PHYSICIANS should of OCCUPATION 1 DEPARTMENT OF OBLIC WELFARE BUREAU OF VITAL STATISTICS Registration District No County of .. State File No..... Primary Registration District No..... City of Wena Local Registrar's No..... (No. If death occurred in a hos-If death occurs away from pital, institution or camp, aual residence, give facts give its NAME instead of called for under special in-2. FULL NAME street and number. formation. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR BACE & SINGLE. MARRIED. WID-OWED OR DIVORCED 16. DATE OF DEATS (Write the word) (Month) (Day) 6. DATE OF BIRTH I HERBBY CERTIFY. That I attended deceased from 17. (Year) (Month) (Day) 7. AGE IF LESS than : day how many ......hrs. or The CAUSE OF DEATH\* was as follows: 8. OCCUPATION (a) Trade, profession of particular kind of work..... (b) General nature of industry, business or establishment in which employ-Contributery ed (or employer)..... (Secondar) 9. RIRTHPLACE (State or Count to. NAME OF Father (Address) 11. BIRTHPLACE \*State the Disease Causing Death; or in deaths from Violent OF FATHER Causes, state (1) Means of Injury; and (2) whether Accidental. (State or Country Suicidal or Homicidal. 12. MAIDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, OF MOTHER Transients or Recent Residents.) 13. BIRTHPLACE In the At place of death.....yrs.....mos......days. State....yrs.....mos..... OF MOTHER (State or Country) Where was disease contracted if not at place of deat ?..... MY KNOWLEDGE 14. THE ABOVE IS Former or (Informant) usual residence .... (Address) 15. TUNDEB<del>TAK</del>I ADDRESS

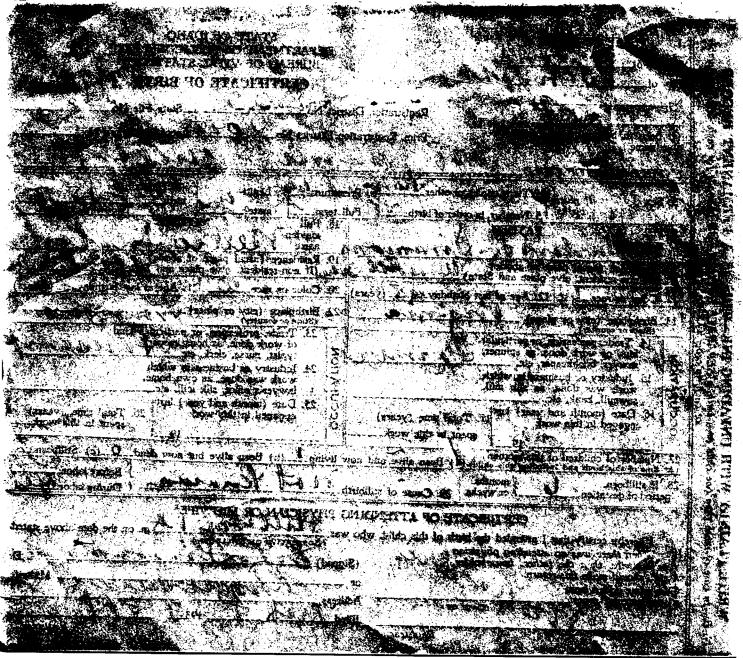
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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman. (b) Grocery: (a) Foreman. (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of RECORD CERTIFICATE OF BIRTH 217 City of \_. Registration District No (If born in hospital or institution Prim. Registration District No. PERMANENT give name.) ğ FULL NAME OF CHILD. 4. Twin, triplet, or oth Premature > If plural births Full term\_. mate?\_ 5. Number, in order of birdi-MOTHER 18. Full PATHE 9. Full maiden name 19. Residence (usual place of abode 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 20. Color or race\_\_\_\_\_\_21. Age at last birthday\_\_\_\_ 11. Color or race\_\_\_\_\_ 12. Age at last birthday \_\_\_\_\_ (years) 22. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper typist, nurse, clerk, etc\_\_\_\_ kind of work done, as spinner, sawyer, bookkeeper, etc. .. 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawver's office, silk mill, etc .... sawmill, bank, etc. \_\_ 25. Date (month and year) last 16. Date (month and year) last 17. Total time (years) 26. Total time (years) engaged in this work engaged in this work spent in this work. spent in this work. Ħ (At time of this birth and including this child) (a) Born alive and now living \_\_\_\_\_(b) Born alive but now dead\_\_Q\_\_(c) Stillborn. Before labor ... months 28. If stillborn. During labor 29. Cause of stillbirth or weeks period of gestation\_\_\_\_\_ than CIAN OR MIDWIFE CERTIFICATE OF ATTENDING PA more m, on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. Give name added from a supplemental report\_\_\_ Address Registrar. Registrar.



S should TION is	1. PLACE OF DEATH  County of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County Of County	BUREAU OF VITAL STATISTICS  State File No.
D PHYSICIANS should of OCCUPATION is	If death occurs away from (No.	Local Registrar's No
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of important. See instructions on back of certificate.	PERSONAL AND STATISTICAL PARTICULARS  8. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED  (Write the word)  6. DATE OF BIRTH  (Month) (Day) (Year)  7. AGE  (Month) (Day) (Year)  7. AGE  IF LESS than 1 day how many hrs. or min.?  8. OCCUPATION  (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)  9. BIRTHPLACE  (State or Country)  11. BIRTHPLACE  OF FATHER  (State or Country)  12. MAIDEN NAME  OF MOTHER  13. BIRTHPLACE  OF MOTHER  14. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED  (Write the word)  (Write the word)  (Year)  (Year)  14. Color OR RACE 5. SINGLE, MARRIED, WIDOWED  (Write the word)  (Write the word)  (Year)  14. Color OR DIVORCED  (Write the word)  (Year)  15. SIRTHPLACE  OF MOTHER  16. COLOR OR DIVORCED  (Write the word)	MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH  19.
N. B. state	Filed NU 8 1933 Local Registrar	address Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

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E PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD is of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.	1. PLACE OF BERTH  County of City of County of County of City of County of C
WRITE PLAINL N. B.—In case of more th	I hereby certify that I attended the birth of this child, who was attended the birth of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of this child, who was the control of the control of the control of this child, who was the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the

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STATE OF IDAHO CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION is DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS **Begistration** District No.... State File No..... rimary Registration District No... Local Registrar's No..... (No. If death occurred in a hos-■ death occurs away from pital, institution or camp, usual residence, give facts give its NAME instead of called for under special instreet and number. formation. statement MEDICAL CHRISTICATE OF DEATH 4. COLOR OR BACE & SINGLE, MARRIED, WID-OWED OR DIVORCED 16. DATE OF DEA (Month) 8. DATE OF BIRTH I HEREBY CERTIFY. That I attended deceased from (Year) that I last saw IF LESS than 1 7. AGE day how many .....hrs. or The CAUSE OF DEATH\* was as follows: 8. OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or estab-(Duration) \_\_\_\_\_yrs. \_\_\_\_mos. lishment in which employ-Contributory ed (or employer)..... (Secondary (State or Count Father (Address) State the Disease Causing Death; or in deaths from Violent cause (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. OF FATHER (State or County 2. MAIDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) In the 18. BIRTHPLACE At place of death.....yrs.....mos......days. State.....yrs....mos......ds. OF MOTHER (State or Country) Where was disease contracted if not at place of death?..... 14. THE ABOVE IS TRUE TO THE BEST Former or (Informant) ... usual residence

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ......(name origin; "Cancer' is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congental," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock." "Uraemia." "Weakness." etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERsepticemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."

S LA CYCLE OR BIKIH	STATE OF IDAHO
County of Dodring.	EPARTMENT OF PUBLIC WELFARE
	BUREAU OF VITAL STATISTICS
City of	CERTIFICATE OF BIRTH 217072
No. St.	62106
	ict NoState File No.
(If born in hospital or institution give Prim. Registration	District No. Local Registrar's No. 42
FULL NAME OF CHILD(If stillborn, sui	bstitute the word "Stillbirth" for name of child)
Twin Number	Logitid. Date of 1/ 40 22
Sex of  Child Walk  Triplet { and } in order or other?  (To be answered only in event of plural bir	mate? 44 birth 19.3
What prophylactic was used to prevent Ophthalmia Ne	1 2/ 2 . 0 2 0
Number of child of this mother, including present birth.	(a) Born alive and now living
Born alive but now dead	Stillborn. O
FATHER .	FULL MOTHER
NAME William Limen Deno	NAME Bertha Jane Phit
Residence (Usual place of abode) Ruhlert	Residence (Usual place of abode) Rufust
If non-resident,	If non-resident, give place and State
give place and State	Color or race White Age at last birthday 23
Color or race. Age at last birthday (Years)	Oranda O.I.O. (Years)
Birthplace (City and State or County)	(City (and State or County)
Occupation James	Occupation Housewiff
CERTIFICATE OF ATTENDIN	G PHYSICIAN OF MIDWIFE*
·	Born alive
I hereby certify that I attended the birth of this	child, who was Stillborn at
on the date above stated. (Sign	ature) Stergminell
(*Where there was no attending physician or mid-)	
wife, then the father, householder, etc., should make this return. A stillborn child is one that	(Physician or midwife)
neither breathes nor shows other evidence of life	so Jooding Jack
(12.00)	$\sim 10 \approx 0.7$
Filed.	Registrar,

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* T	-	EIVED JLC J 1935 STATE OF ID	АНО
ry item of ionld stated		PLACE OF DEATH DEPARTMENT OF PUB	
ery ite Should f OCCU		County of Co. Ding. BUREAU OF VITAL S	
6 b		City of Sodin Registration District No.	2 /
t o K		Primary Registration District	
FAT E			
RECORD. PHYSICIA		(No(If death occurred in a hospital or institution,	<b>1</b> 1 1
REC PHY(	Ì	2. FULL NAME OT: \\begin{array}{c} OT: \\begin{array}{c} OT: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	·
		(a) Residence. No	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
NENT FLY.		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NG MAN ACT		3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) /1 - /3 193-3
ERN EXA Class		Male white	22. I HEREBY CERTIFY, That I attended deceased from
7. N		5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw h alive on 193 : death is said
OR BITS A 1 S tated be stated properly	ate.	6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at
70 H S 15 be a be a group	certificate	7. AGE Years Months Days If LESS than	were as ioliovs: Date of onset
H H H	Cer	Otillborn 1 day, hrs. or min.	
RVE K—T shoi	k of	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	Cause unknown
ESER INE AGE	n back	kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occup	
N RI OING ed o tha		10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other contributory causes of importance:
MARGIN UNFADI y supplied	instruction on	12. BIRTHPLACE (city or town) Goodin e	
		13. NAME William & Deno.	Name of operation
WITH arefull	See	13. NAME William S Deno  14. BIRTHPLACE (city or town) Ruper Salans  (State or country)	What test confirmed diagnosis?Was there an autopsy?
W g	i i	(State of County)	23. If death was due to exter causes (violence) fill in also the following:  Accident, suicide, or homicide?
	rta	15. MAIDEN NAME Bertla Jutt  16. BIRTHPLACE (city or town) Cool in 9  (State or country)	Where did injury occur? (Specify city or town county, and State)
AINLY hould be	important.	(State or country)	Specify whether injury occurred in industry, in home, or in public
		17. INFORMENT William Sheno.	place.
H Sich	> ▶	10 DUDIAL CREMATION OF REMOVAL.	Manner of injury
	ı •≅ ˈ	Place Graving Date // 1935	Nature of injury
.—WRITE I information CAUSE OF	TION	19. UNDERTAKER (Address)	If so, specify
i ii c	H	20. FILED /1 - 3.0 , 193.3 Promuel	(Signed) (M.D. (Address) Salara
Ż		negistrar.	

## UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	11	EXAMPLE II	ġ.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
			77.0
			प्रधाः ३३ है।
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
	-		
ADDITIONAL SPACE	FOR FURTHI	ER STATEMENTS BY PHYSICIAN	121.174( et
	***************************************	\$150 pt	648/1
		15 m 15	781.1.7.10.4.10

han	1. PLACE OF BIRTH	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE
5-6	County of Fold	BUREAU OF VITAL STATISTICS 917080
more ated.	City of Kanach	CERTIFICATE OF BIRTH
, e	No St.	
ase	995 208 025 292 Registration D	istrict No
a o	(If born in hospital or institution Delm Pagistra	tion District No. 2127 Local Registrar's No. 01
de [	give name.)	•
N. B.	2. FULL NAME OF CHILD Boby Lie	lice
	1 1	
OKD each	3. Sex It plural 4. Twin, triplet, or other6. Pl	high area of 1032
ಜ್ಞ	births 5. Number, in order of birth F	ull term mate? (MONTH, DAY, YEAR)
2 5	9. Full FATHER name	18. Full MOTHER
ENT	timest tiedshe	name Phelie Selverand
ANE the n	10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and state)
	11. Color or race 12. Age at last birthday 6.5 (years	
and and		1,
	13. Birthplace (city or place)	22. Birthplace (city or place) (State or country)
S A	14. Trade, profession, or particular	23. Trade, profession, or particular kind
S IS	kind of work done, as spinner, 2 sawyer, bookkeeper, etc.	of work done, as housekeeper, typist, nurse, clerk, etc.
THIS made	15. Industry or business in which	24. Industry or business in which
E T	L sammil hank etc	work was done, as own home, lawyer's office, silk mill, etc
¥, ₹	sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years)	typist, nurse, clerk, etc
INI must	S CHBUSCU III CIII	o spent in this work
ZZ	spent in this work	, 19
ADINC Return	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and no	ow living G. (b) Born alive but now dead O. (c) Stillborn J.
UNFADING INK ATE RETURN must	28. If stillborn. / // (months	l Defens labor 🕶 a A
<b>24</b> 1	period of gestation converks 29. Cause of stillbir	th Want Know During labor
WITH a SEPA	CERTIFICATE OF ATTENDIA	IG PHYSICIAN OR MIDWIFE
WIS	I hereby certify that I attended the birth of this child, who	me the date above stated
	( TIThon there was no attending physician )	
걸경	Les midwife, then the father, householder, \ ()	Signed) A.J. J., M. D.
PLAINLY ild at birth	(etc., should make this return.  Give name added from	, Midwife
	a supplemental report	ddress Konnet - sloho.
WRITE one c	(DAIL OF)	iled 12-12 1933 Nell Robertes
XX o	Registrar.	Registrar.
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The same of the party and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the 

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of the stated EXACTLY. PHYSICIANS should be stated EXACTLY.

PLACE OF DEATH	TATE OF IDA DEPARTMENT OF PUBL BURBAU OF VITAL S	IC WELFARE	DO NOT WRITE IN T	HIS SPACE
County of Carush	CERTIFICATE O	F DEATH	State File_No	7499
Rout.	Registration District No	49		
	Primary Registration District		Local Registrar's No	
(If death occupa-	ed in a hospital ordinstitution, give			206
(a) Residence. No (Usual place of abode Length of residence in city or too		(If nonre	.St. sident give city or town an in U. S., if of foreign birth?	d state) yrs. mos. ds.
PERSONAL AND STATI	ISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEA	TH
3. SEX 4. Color or R	ace 5. Single, Married, Widow- ed or Divorced (write the	21. DATE OF DE	ATH (month, day and year	Cy. d- 1933
5a. If married, widowed, or 6	word) Chied	22. I HEREBY C	CERTIFY, That I attended	deceased from
HUSBAND of (or) WIFE of		Mitel	_	193
6. DATE OF BIRTH (month,	day, and year)		alive on, 193 on the date stated above,	
7. AGE Years Month		The principal car tance were as	use of death and related ca	Date of onset
8. Trade, profession, or par kind of work done, as snwyer, bookkeeper, etc	ticular of o	sich	Com	
9. Industry or business in work was done, as silk saw mill, bank, etc	which mill.			.
work was done, as silk saw mill, bank, etc  10. Date deceased last wore dat this occupati (mo. and yr.)	rk. 11. Total time (years)	Other contribu	tory causes of importance:	
12. BIRTHPLACE (city or to (State or country)	own). Harrist			
E 13. NAME Count	Lucia		on	Date of
14. BIRTHPLACE (city of (State or country)	r town)	1	med diagnosis? Was ther	
	Lelen	23. If death was	due to exter'l causes (viole	ence) fill in als
15. MAIDEN NAME OL 16. BIRTHPLACE (city of (State or country)	r town). M.L.	Accident, suicide	or homicide? Date ry occur?	
17. INFORMANT A. C.	ulpine	Specify whether	injury occurred in industry	, in home, or i
18. BURIAL, CREMATION O	R REMOVAL  Date	Manner of inju	ryУ	
19. UNDERTAKER	Jorne Jone	24. Was disease	or injury in any way relat	ed to occupatio
20. FILEDAY.AC. 31, 1933	nell Robertson Rogistrar.	(Signed)	- 13// 1 -	sef.

## UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 3 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gailstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

of more than stated.	1. PLACE OF BIRTH LEC 3 1933 County of Latch City of Masser	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 217169
	No. 407 callege St.	,
of birth	/#8 1 1 . 1 1 . 1 1 1 1 1	Built 140
	give name.)	tion District No
N. B.— in order	2. FULL NAME OF CHILD Stellton	
RECORD.	3. Sex   If plural 4. Twin, triplet, or other6. Plural births   5. Northern triplets   6. Plural births   6. Plural birth	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OF CE	9. Full FATHER	uil term / mate? // (MONTH, DAY, YEAR)  18. Full MOTHER
느쒸!	name Russell Everett May	maiden Evelyn May Morel
او ک	10. Residence (usual place of abode) Partiation (If non-resident, give place and State)	19. Residence (usual place of abode)   allale   (If non-resident, give place and pate)
PERMA:h, and th	11. Color or race_12. 12. Age at last birthday 22 (years	20. Color or race21. Age at last birthday 20 (years)
A PE cach,	13. Birthplace (city or place)(State or country)	22. Birthplace (city or place) Las principal (State or country)
lor lo	14. Trade, profession, or particular kind of work done, as spinner,	23. Trade, profession, or particular kind
I HIS made	sawyer, bookkeeper, etc.  15. Industry or business in which  work was done, as silk mill.	typist, nurse, clerk, etc  24. Industry or business in which work was done, as own home, lawyer's office silk mill etc
	work was done, as silk mill.	typist, nurse, clerk, etc  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
INK nust be	sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years)	25. Date (month and year) last
	engaged in this work   17. Total time (years)   spent in this work	engaged in this work 26. Total time (years) spent in this work
RETURN D	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and no	w living(b) Born alive but now dead(c) Stillborn_/
ATE	28 If etillhorn (months	th Before labor
WITH UN a SEPARATE		G PHYSICIAN OR MIDWIFE
a N	I hereby certify that I attended the birth of this child, who	
birty th'y	( When there was no attending phusician)	
at P		signed double II dockres, M. D.
child	Give name added from or	Midwife
ODE C	(DATE OF)	idress Usque and Dly Waster fluta
WRI	Registrar.	led 193 Registrar.

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very item of should state t of OCCU-	PLACE OF DEATH	DEPARTMENT OF PUB		DO NOT WRITE IN TH	IS SPACE
d s	T A 1.	BUREAU OF VITAL			712
ry i	County of	F DEATH	State File No	116	
wery shou	City of			20000 2 110 110	
		registration District No		Taral Danishmania Ma	74
Z	<u> </u>   ·	Primary Registration Distri		Local Registrar's No	/ <del>Z</del>
RECORD. EVPHYSICIANS &		(No. Community Hose coursed in a hospital or institution,	pital	)	1.
					~ 0 O
E K	2. FULL NAME Baby				
P. B. X.	(a) Residence. No		St	(If nonresident give sity or town	
E T	(a) Residence. No (Usual place of abode) Length of residence in city or town w	here death occurred. yrs. mos.	ds. How long in U	If nonresident give city or town. S., if of foreign birth? yrs.	mos. ds.
NENT TLY.	PERSONAL AND STATIS			AL CERTIFICATE OF DEATH	
DING ERMANE! EXACTLY classified.	3.SEX 4. COLOR OR RAC		91 DATE OF DEATH	(month day, and year)	.10, 193 3
DING ERMA EXACI classif	Male White	5. Single, Married, Widowed, or Divorced (write the word)		ERTIFY, That I attended decer	
		1		, 193, to	
IR BINI IS A Pl stated H roperly certifical	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	•		on	-
BI A A ate				the date stated above, at	
	6. DATE OF BIRTH (month, day, a	nd year) Nov.10,1933		of death and related causes of	
FOR IS IS IS I be si pro	7. AGE /7 Years / Months	Days If LESS than	were as follows:		Date of onse
<b>—</b> 70 X	Shillouth	1 day,hrs. or min.	2	***************************************	•
VED TH houl	8. Trade, profession, or particu	lar y 🚁	XXIII	\	
W. H. H. H. H. H. H. H. H. H. H. H. H. H.	kind of work done, as spin sawyer, bookeeper, etc	ier,		) aby	
ESERV G INK-AGE shat it me	sawyer, bookeeper, etc  9. Industry or business in whit work was done, as silk mill	h			
RGIN RES FADING 1 pplied. AG	saw mill, bank, etc	•	0.3		
E Z L	10. Date deceased last worked at	11. Total time (years) spent in this	Other contributory	causes of importance:	•
I die it	this occupation (month and year)	occupation			
ARGIN JNRADI supplied erms, so	12. BIRTHPLACE (city or town) (State or country)	Moscow, Idaho			
IARC UNR. supp terms		TGSUO			
	13. NAME Russell Ma		Name of operation	Dat	e of
VITH refull plain aut.	13. NAME Russell Ms 14. BIRTHPLACE (city or town (State or country)	Latah Co.	What test confirmed o	liagnosis? Was there	an autopsy?
	(State or country)	Idaho	23. If death was due to	exter¶causes (violence)¶ll in als	the following:
(* <u>;</u> •= g	15. MAIDEN NAME EVely	n Marsh	Accident, suicide, or h	nomicide? Date of in	jury, 193
	15. MAIDEN NAME EVELS 16. BIRTHPLACE (city or town (State or country)	Hot Springs.	Where did injury or	ccur?	nd Stata)
AINI ould EAT	(State or country)	Mont:		ry occurred in industry in hon	
PLAINLY n should be F DEATH	17. INFORMENT H. C. Ma	rsh		ny occurred in madady, in non	_
T 2 2	(Address) ROSO	w. Idaho			
	18. ILLE TOR REM	IOVAL			
RIT mat SE IO?		Date 11/13, 193 3		ıry in any way related to occupat	
WRITE informatio	19. UNDERTAKER H.R.Sho	Itaho	1		on or necessed t
WRI inform CAUSI PATIC	(Address)	be the second	If so specify	valo on Ino	W <b>v</b> s
m T	20. FILED /2-5, 1933/	vary Conhouse	(Signed)	2000	- 20 0 = 1
ي		Registrar.	(Address)	LXXX COLON	www.

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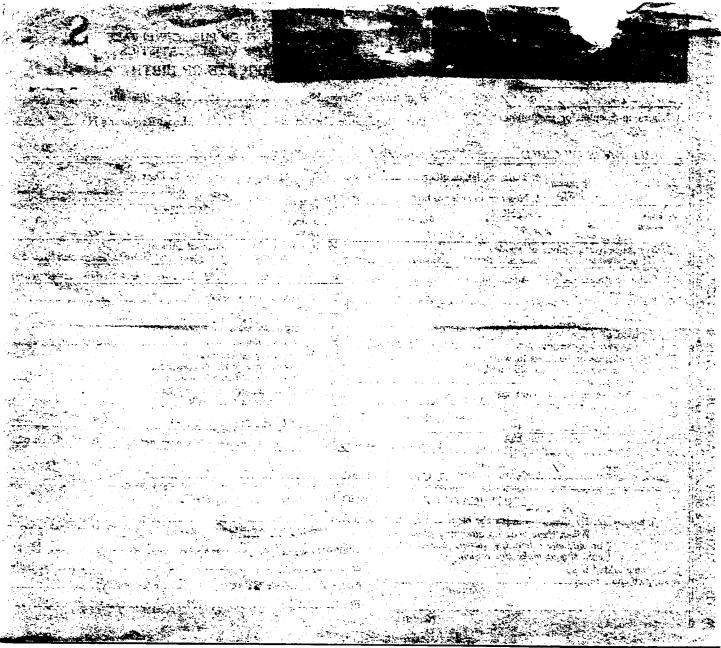
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

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EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of onset Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF HDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH State File No. Registration District No. Prim. Registration District No. /0// Local Registrar's No. 129 (If born in hospital or institution give name.) Dally FULL NAME OF CHILD. 8. Date of 4. Twin, triplet, or other\_\_\_\_\_ 6. Premature L. Legiti-3. Sex ? If plural birth\_\_\_ births 5. Number, in order of birth\_\_\_\_ Full term\_\_\_\_ mate? (MONTH, DAY, YEAR) 18. Full MOTHER 9. Full FATHER maiden name PERMANENT ch, and the numb name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 20. Color or race Ltt 21. Age at last birthday 3. (years) 11. Color or race 12. Age at last birthday 2 / (years) 22. Birthplace (city or place)\_\_\_\_ 13. Birthplace (city or place) \_\_\_\_\_ (State or country) (State or country 23. Trade, profession, or particular kind, 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. School Jene sawyer, bookkeeper, etc. \_\_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc.\_\_\_\_ sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last | UNFADING INF ATE RETURN must engaged in this work 26. Total time (years) spent in this work .... spent in this work\_\_ 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living....(b) Born alive but now dead.....(c) Stillborn..... WITH UNF a Separate I Before labor\_ 28. If stillborn. months period of gestation\_\_\_\_ or weeks 29. Cause of stillbirth\_\_ During labor + The CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Still Still DOLL at 730 m. on the date above stated. When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report\_\_\_\_\_ (DATE OF) Registrar. Registrar.



FRECORD. Exery item of PHYSICIANS should state Exact statement of OCCU-	PLACE OF DEATH  County of Latah  City of Latah  City of Registration District No  Primary Registration District No  (No  (If death occurred in a hospital or institution of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of t	BLIC WELFARE DO NOT WRITE IN THIS SPACE STATISTICS OF DEATH  State File No
MARGIN RESERVED FOR BINDING PLAINLY, WITH UNFADING INKTHIS IS A PERMANENT is should be carefully supplied. AGE should be stated EXACTLY. For DEATH in plain terms, so that it may be properly classified. Is very important. See instruction on back of certificate.	Length of residence in city or town where death occurred.  PERSONAL AND STATISTICAL PARTICULARS  3.SEX 4. COLOR OR RACE Male White  5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS that i day, hrs. or min.  8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as slik mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Gladys  Harms  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMENT (Address)  MOSCOW, Ida.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH (month day, and year 1933)  22. I HEREBY CERTIFY, That stinded deceased from 1933.  I last saw h alive on 1933. I death is said to have occurred on the date stated above, at 1933. The principal cause of death and related causes of importance were as follows:  Date of onse 1933. In the principal cause of death and related causes of importance were as follows:  Date of onse 1933. In the principal cause of death and related causes of importance were as follows:  Date of onse 1933. In the principal cause of death and related causes of importance were as follows:  Date of onse 1933. In the principal cause of death and related causes of importance were as follows:  Date of onse 1933. In the principal cause of death and related causes of importance were as follows:  Date of onse 1933. In the principal cause of death and related causes of importance were as follows:  Date of onse 1933. In the principal cause of importance were as follows:  Date of onse 1933. In the principal cause of importance were as follows:  Date of onse 1933. In the principal cause of importance were as follows:  Date of onse 1933. In the principal cause of importance were as follows:  Date of onse 1933. In the principal cause of importance were as follows:  Date of onse 1933. In the principal cause of importance were as follows:  Date of onse 1933. In the principal cause of importance were as follows:  Date of onse 1933. In the principal cause of importance were as follows:  Date of onse 1933. In the principal cause of importance were as follows:  Date of onse 1933. In the principal cause of importance were as follows:  Date of onse 1933. In the principal cause of importance were as follows:  Date of onse 1933. In the principal cause of importance were as follows:  Date of onse 1933. In the principal cause of importance were as follows:  Date of onse 1933. In the principal cause of importance were as follows:  Date of onse 1933. In the principal cause of importance were as follows:  Date of onse 193
V. BWRITE informatio CAUSE O PATION	18. BURIAL, CREMATION, STATE DATE DATE DATE 19. UNDERTAKER (Address)  20. FILED C. (1983) Registrar.	····(L

## UNITED STATES STANDARD CERTIFICATE OF DEATHER 1 4 2007

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

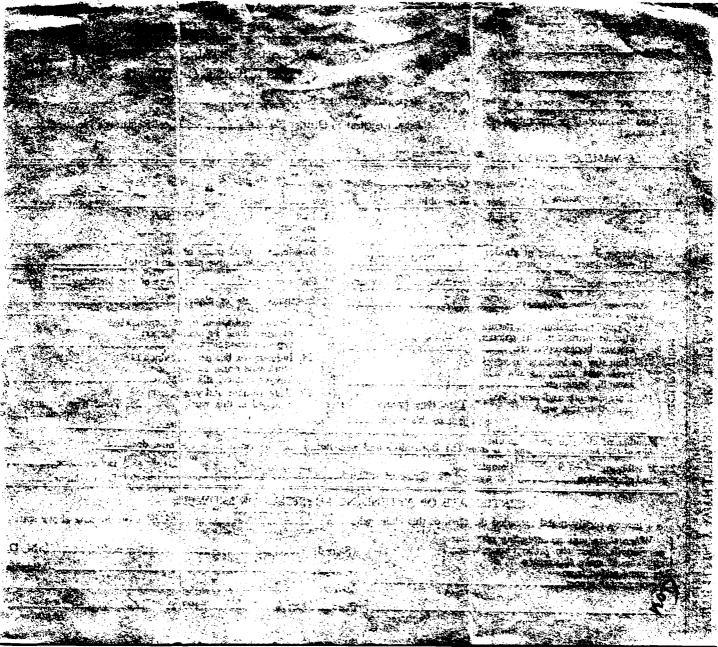
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF ERRITH EC 14 193 STATE OF IDAHO. DEPARTMENT OF PUBLIC WELFARE County of \_\_\_EEGSHONE of more BUREAU OF VITAL STATISTICS City of WALLACE 217306CERTIFICATE OF BIRTH Registration District No. Za. State File No. COUNTY INFIRMARY Prim. Registration District No. 1111 Local Registrar's No. 215 급성 (If born in hospital or institution N. B.—I give name.) 2. FULL NAME OF CHILD\_\_\_\_ BABY STARNS ENT RECORD. number of each, If plural 4. Twin, triplet, or other\_\_\_\_\_6. Premature X 7. Legiti-8. Date of 3. Sex birth 10-26-33 193 births 15. Number, in order of birth Full term mate? YES (MONTH, DAY, YEAR) CIRI **FATHER** 18. Full MOTHER 9. Full maiden PERMANENT ch, and the numb name CHARLES STARMS GERTRUDE DEMRY name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) \_\_\_\_DECEASED (If non-resident, give place and state) NALLACE 11. Color or raceWHITE12. Age at last birthday\_23\_ (years) 20. Color or race\_White\_21. Age at last birthday\_18\_(years) 13. Birthplace (city or place) MISSOURI 22. Birthplace (city or place) MISSOURI (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular ខ្មីដ of work done, as housekeeper, kind of work done, as spinner. DECEASED **OCCUPATION** OCCUPATION typist, nurse, clerk, etc\_\_\_\_\_ sawyer, bookkeeper, etc. \_\_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawver's office, silk mill, etc. sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last WITH UNFADING INK a SEPARATE RETURN must 26. Total time (years) engaged in this work spent in this work\_\_\_\_ spent in this work\_\_ 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Q. (b) Born alive but now dead Q. (c) Stillborn 1. 28. If stillborn, five months months Before labor period of gestation \_\_\_\_\_ or weeks 29. Cause of stillbirth UNKNOWN During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE STILLBORN at 7:00 mAon the date above stated. I hereby certify that I attended the birth of this child, who was (BORN ALIVE ON BELLEORN) PLAINLY ald at birth, When there was no attending physician ) or midwife, then the father, householder, (Signed) \_\_\_\_ etc., should make this return. Give name added from Address Kellogg, Idaho a supplemental report\_\_\_\_\_ (DATE OF) Registrar.



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PLACE OF RIT City of Iwill -in case of me in order of birth Co. gerr Hospital Registration District No. ... (If born in hospital or institu-Prim. Registration District No. 2 tion give name.) 2. FULL NAME OF CHILD if plural 7. Legiti-8. Premature. 8. Date of 3. Sex birthe birth. Number, in order of birth2.xxa 4478 / Full term \ && mate? LCS RECORD. 9. Full MOTHER FATHER 18. Full name maiden name 44 0 644 19. Residence (name) place (of shode) 10. Residence (usual place of abode) (If non-resident, give place and State): Diali. (If non-resident give place and State) A.L. 20. Color or race Malaid 21. Age at last birthday. 3. H. (years) 11. Color or race visited 12. Age at last birthday M.D (years) 22. Birthplace (city or place) P.C.T.T. O.K.L. (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work doubt as housekeeper, bulke Ni kind of work done, as apinner, for sawyer, bookkeeper, etc XMY AM C.T. TION 24. Industry or Business in which 15. Industry or business in which EL POPE work was done, as own home. DOCUFA work was done, as silk mill, THIS lawyer's office, ally mill etc. O.W.T. MOTTLE 79.2.127 25. Date (month and year) last engaged in this work ع 16. Date (month and year) last engaged in this work 17. Total time (years) spent must EE. REPLIKATORY in this work 20 419 in this work 3.218.... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (2..(b), Born alive but now deed (C. (c) Stillborn Before labor months 29. If stillborn. or weeks 30. Cause of stillbirth..... period of gestation./. During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MID I hereby certify that I attended the birth of this child, who was. i.m. on the date above stated. When there was no attending physician i (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Address Bezistrar.

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occu. STATE OF IDAHO ARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No. Registration District No...... PHYSICIANS Primary Registration District No .... Local Registrar's No..... RECORD. (If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME Classic Residence. No...... (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred. Lyrs. mos. L ds. How long in U.S., if of foreign birth? yrs. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single Married, Widewed, or Divorged (write the word) 4. COLOR OR MACE 21. DATE OF DEATH (month day, and year) HEREBY CERTIFY, That I attended deceased from ..... ...... 193.5 to... 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of .alive on...... death is said 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance Date of onset Months If LESS than 7. AGE Years Days 1 day, hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... causes of importance: 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation year) .... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME ( What test confirmed diagnosis? ...... Was there an autopsy? important, 14. BIRTHPLACE (city or town)...... (State or country) 23. If death was due to exter'icauses (violence) all in also the following: in MOTHER Accident, suicide, or homicide? ...... Date of injury ........... 193 . 15. MAIDEN NAME 1/2 Where did injury occur? ccur?.....(Specify city or town county, and State) 16. BIRTHPLACE (city or town (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) Manner of injury..... TION, OR REMOVAL Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKEI ..... If so, speci (Address) (Signed) 20. FILED //-(Addre

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

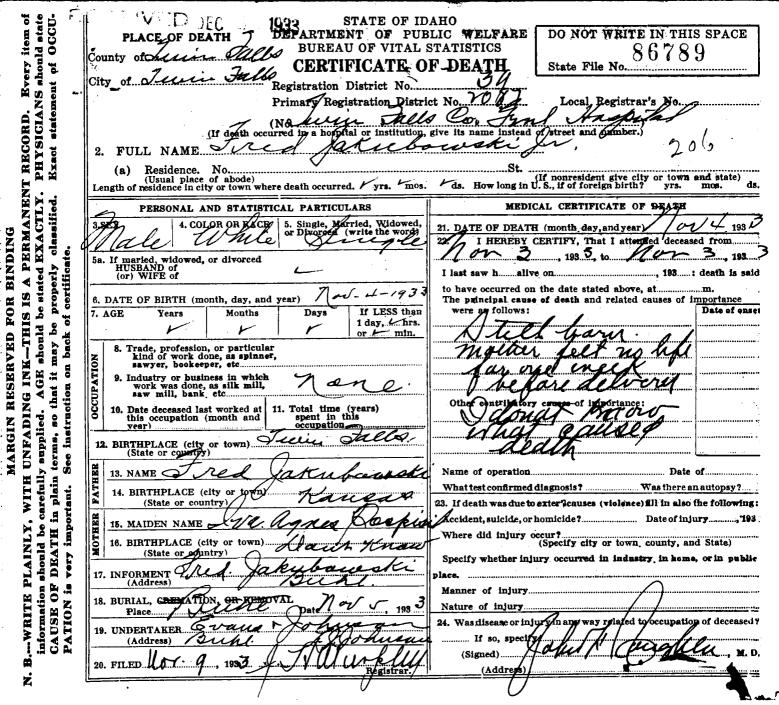
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I	Ī	EXAMPLE II	
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

LIVED PLACE OF BIRTH STATE OF SDAED County of I.W. H. Ad Lh & DEPARTMENT OF PURISC WILLIAM BURBAU OF VITAL STATISTICS City of Twist Od L CELTIFICATE OF BIRTH No. 112-104 do gern Noso. YXL Registration District No. 37 State File No. (If born in hospital or institu-Prim. Registration District No. 2085 Local Registrar's No. 39 tion give name.) 2. FULL NAME OF CHILD Z 45 If plural 7. Legiti-Twin/ 6. Premature.... 8. Date of 3. Sex births birth.... AAAY ' 5. Number, in order of birth. Full term 488 mate!.A 9. Full FATHER 18. Pull MOTHER name/ maiden name Arraery 10. Residence (usual place of shode) 19. Residence (usual place of abode) and the 1 (If non-resident, give place and State) B.u.\ 11. Color or race. 12. 12. Age at last birthday. H.P. (years) 20. Color or race Muldil L 21. Age at last birthday ... H. (years) 13. Birthplace (city or place) KANLL 22. Birthplace (city or place) LRYY (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinned sawyer, bookkeeper, etc OCCUPATION 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. lawyer's office, silk mill, etc. .... Klast \104112 last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent must be 16. Date (month and year) Frankings 33 EE. SI presidenter which in this work A. 4. T.S... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Retains 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Q...(b) Born alive but now dead.....(c) Stillborn I... ulknown. Before labor/ 1464 months 29. If stillborn. or weeks 30. Cause of stillbirth..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE I hereby certify that I attended the birth of this child, who was...... in. on the date above stated. WRITE PLAINLY One child at birth When there was no attending physician / (Signed) ...... or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Address Begistrar.

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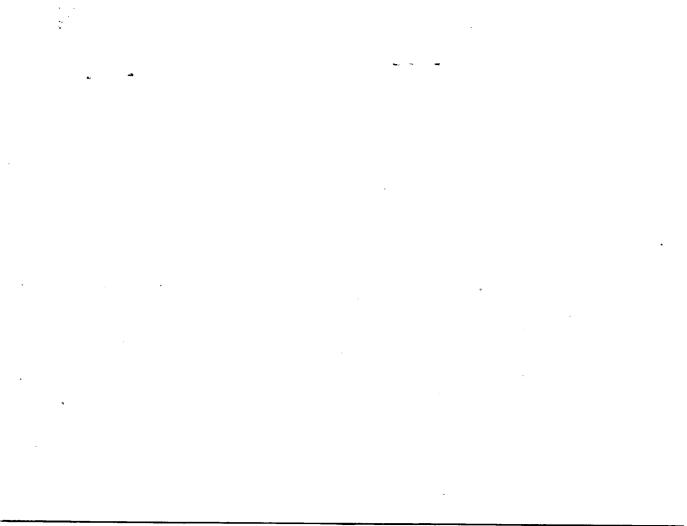
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
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	CEIVED AN U 1904 STATE OF II	
	PLACE OF DEATH DEPARTMENT OF PUR BUREAU OF WITAL	art 1 mm alm + a a
E 0	County of CERTIFICATE O	80892
shors of O	City of Tatalelle Registration District No	State File No.
ല് ശ 🗓	Primary Registration District No	ict No. 2/6/ Local Registrar's No. 796
AN Den	Sp MAN.	Dean Registrar's No.
RICI ICI Iter	(No(If death occurred in a hospital or institution,	give its name instead of street and number.)
RECORD. PHYSICIA cact stateme	2. FULL NAME Shirley Law Illa	ast p
RE SH.	(a) Residence. No. 925 W. Cl	ark St.
TT K	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
ANENT CTLY. fied. Ex	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3.SEX  4. COLOR OR RACE  5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year)
K X	T Single	22. I HEREBY CERTIFY, That I attended deceased from
PERM d EXA	5a. If maried, widowed, or divorced HUSBAND of	193 to 193
	(or) WIFE of	Prast saw ip anve on
HIS IS A lid be state be properly certificate.	6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at
	7. AGE Years Months Days If LESS than 1 day,hrs.	were as follows: Date of onset
Helge	Or min.	Obstruction ? Clu
T of	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	11 1 1 1 1
INK GE s it m back	9. Industry or business in which	Unbelieval Card ly
G IN AGI at it on ba	kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at 11. Total time (years)	Pascopsa.
	10. Date deceased last worked at 11. Total time (years)	Other contributory causes of importance:
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UNFADIN y supplied. terms, so the	12. BIRTHPLACE (city or town) # 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
UNI Ferninstr		
, H H H B	13. NAME (Lift or town) Stale (State or country)	Name of operation
WIT arefu	14. BIRTHPLACE (city or town)	What test confirmed diagnosis?
n in G ≰	15. MAIDEN NAME Luly Remnia	Accident, suicide, or homicide? Date of injury
AINLY, V nould be ca EATH in important.	15. MAIDEN NAME Lucidennia  16. BIRTHPLACE (city or town) Danyille (State or country)	
INI ald AT	(State or country)	where did injury occur? (Specify city or town county, and State)
LAII shou DEA	17. INFORMENT Clude Masta 1	Specify whether injury occurred in industry in home, or in public
H H H	(Address) Pacitelly Salety	Manner of injury
TER atio E O is v	18. BURIAL, CREMATION, OB REMOVAL Place Pastalla Date ALC 27 193	Nature of injury
	19. UNDERTAKER NAWYARDS TEMPERAL HOME	24. Was disease or injury in any way related to occupation of deceased?
.—WRI inform CAUS) TION	(Address) Pacalelle Japhu	If so, specify
H C F	20. FILED 12-25, 1933 DC Kay	(Signed) , M. D.
ż	Registra.	(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I	ļ	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:	
		dusor venuer uns	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

SECHIVE STATE OF IDAHO PLACE OF BIRTH N. B.—In case of more then each, in order of birth stated. DEPARTMENT OF PUBLIC WELFARE County of Bingham DURBAU OF VITAL STATISTICS City of Abec deen CERTIFICATE OF BIRTH 217527 No... 116 Registration District No. .... (If born in hospital or institu-Prim. Registration District No. 2195 Local Registrar's No. 101 tion give name.) Stillborn Oliver 2. FULL NAME OF CHILD 7. Legiti-4. Twin, triplet, or other........... 6. Premature.... If plural 3. Sex Female births number of 5. Number, in order of birth..... Full term Yaq mate? Yaq MOTHER 18. Full 9. Full FATHER Marie King maiden name James G. Oliver name Aberdeen 19. Residence (usual place of abode) 10. Residence (usual place of abode) PERMANENT each, and the (If non-resident, give place and State) I ........ 11. Color or race......... | 12. Age at last birthday 42(years) 22. Birthplace (city or place) Black Hills (State or country) 50. Dakota 13. Birthplace (city or place) Creel Springs. (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, Farmer of work done, as housekeeper. House mife OCCUPATION INK-THIS IS A must be made for typist, nurse, clerk, etc..... OCCUPATION sawver, bookkeeper, etc ..... 24. Industry or business in which 15. Industry or business in which work was done, as silk mill, Farm work was done, as own home, Own Home lawyer's office, silk mill, etc. sawmill, bank, etc. 25. Date (month and year) last engaged in this work 26. Total time (years) spent Date (month and year) last engaged in this work
 Total time (years) spent KK Now 1933 Now in this work 26..... in this work 26.... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING S Separate Betain 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...4.(b) Born alive but now dead......(c) Stillborn...2.... Before labor..... months or weeks 30. Cause of stillbirth.... 29. If stillborn, During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was tillborn 111 Allon the date above stated. TE PLAINLY child at birth When there was no attending physician / (Signed) ... or midwife, then the father, householder, etc. should make this return. or Give name added from Address Abardean Idahl a supplemental report..... (Date of) One Registrar. Registrar.

and the last section in the Per Market Louis Paris Remains PHILIPPIN ! we'd re district. and the drie to white at carried W. Par HAGGE tale the domes (united by the second state to the second state to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se I decide to page dones about a the supplement of the state of the state of It sure that or place. THE REAL PROPERTY.

tate or supplied 23 Treat, production or medicaled kind televistic to collection when topes as the sound area to teacher on more dies to the their morse their ell. the marketing to deep A laquery of passons to WOTH WAS UNITED BY NEW ATOM The flim has walke start not the state of the season of the side the Crime the same the same and the same of the same of THE THE TOURSE WAS A SECOND had engined at the second of the state (bears) open [ C. last connect in this water in this wast ... were did of of the properties of the case of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract

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OCCO PHYSICIANS should state STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE 86926PLACE OF DE BUREAU OF VITAL STATISTICS County of Bingham Every CERTIFICATE OF DEATH State File No. Aber de n Registration District No..... Primary Registration District No. 2195..... Local Registrar's No. 17 RECORD. 2. FULL NAME Stillborn Oliver (a) Residence. No. Aberdeen, Idaho St. (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. (Usual place of abode) Length of residence in city or town where death occurred. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed. 21. DATE OF DEATH (month day, and year 12-24-33 BINDING or Disorced (waite the word) Female White I HEREBY CERTIFY, That I attended deceased from...... 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of to have occurred on the date stated above, at 11: 19AM 6. DATE OF BIRTH (month, day, and year) Dec 24. 1933 The principal cause of death and related causes of importance were as follows: 7. AGE Months Days If LESS than Date of onset 1 day,.....hrs. Stillbirth from undetermined or ..... min. RESERVED 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc..... cause. OCCUPATION No physician in attendance 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation. Aberdeen 12. BIRTHPLACE (city or town)..... (State or country) ldaho FATHER James G Oliver 13. NAME Creel Springs important. What test confirmed diagnosis? ...... Was there an autopsy? .... no 14. BIRTHPLACE (city or town)...... (State or country) 23. If death was due to exter icauses (violence) all in also the following: Marie 15. MAIDEN NAME King DEATH Black Hills Where did injury occur? (Specify city or town county, and State) 16. BIRTHPLACE (city or town)... (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT place. (Address) O.F Manner of injury 18. BURIAL CREMATION. CAUSE Nature of injury 24. Was disease or injury in any way related to occupation of deceased? Friends 19. UNDERTAKER..... ..... If so, specify...... (Address) 20. FILED 12-26-33 193 M.C. Med Cin (AddressAber de en Registrar.

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

MARGIN RESERVED FOR BINDING WRITE PLAINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD
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and the number	City of Clark Sorth Registration District No	STATE OF IDAHO  STATE OF IDAHO  BUREAU OF VITAL STATISTICS  CERTIFICATE OF BIRTH  S 217587  File No
be made for ea	FULL NAME OF CHILD  Sex of Triplet   Number in order	Legiti- , Date of Keen 144 23
E RETURN must birth stated.	Child Grown or other? (To be answered only in event of plural bit  FULL NAME  RESIDENCE  RESIDENCE  OF ATHER  RESIDENCE  OF ATHER  RESIDENCE  OF ATHER  RESIDENCE  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF ATHER  OF	mate? A Birth 1996
, a SEPARAT , in order of	COLOR LITTLE AGE AT LAST 2 2 BIRTHPLACE (Years)	COLOR AGE AT LAST 23 BIRTHPLACE (Years)
ose child at birth of each	OCCUPATION Laborer	OCCUPATION House goods
case of more than	Number of child of this mother, including present birth.  CERTIFICATE OF ATTENDIN  I hereby certify that I attended the birth of this child, who was on the date above stated.	Number of children of this mether new living, including freeent birth ONC.  G PHISTERIAN OR MIDWIFE.  (Born alive or stillborn)  (Born alive or stillborn)
N. B. Inca	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	J. G. Olver woo ada Ryan
	Given names added from a supplemental report.  19 Address  Filed  5-y-co 38071 Registrar	Gabinet Jasson
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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH State File No..... Registration District No .... Prim, Registration District No. 155 Local Registrar's No. 1. (If born in hospital or institution give name.) FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of shild) Number Date of Twin Legitiand Sex of Triplet birth mete? Child or other? (Month) (To be answered only in event of plural births) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Born alive but now dead Stillborn Stillborn MOTHER FULL FATHER MAIDEN FIILL Residence (Usual place of abode If non-resident, give place and State it non-resident, give place and State Color or race (City and State or County) Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWINE I hereby certify that I attended the birth of this child, who wai! Stillborn on the date above stated. (Signature) .... \*Where there was no attending physician? (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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Other CONTRIBUTORY CAUSES of importance:		Other contributory causes of importance:		
Gallstones	May 1, 1923	Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN		

1934 STATE OF IDAHO In case of more than in order of birth stated. Lance DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH Registration District No. State File No. (If born in hospital or institu-Prim. Resistration District No. 2/87 tion give name.) Local Registrar's No. 2. FULL NAME OF CHILD N. B.-Premature 7. Legitiff plural 4. Twin, triplet, or other.... 8. Date of 3. /Sex births Full term 5. Number, in order of birth.... number of mate? (Month. Bay, Year 18. Full ( . Full FATHER . MOTHER maiden name name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, sive place and State) PERMANENT 20. Color or race Whely 21. Age at last birthday 26. (years 11. Color or race Whele 12. Agerat last birthday 2. (years) 22. Birthplace (city or place)... ahoahka 13. Birthplace (city or place). (State or country) (State or country) each. 14. Trade, profession, of particular 23. Trade, profession, or particular kind kind of work done, as spinner, (/ of work done, as housekeeper. OCCUPATION typist, nurse, clerk, etc. ..... OCCUPATION sawver, bookkeeper, etc ..... 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill. work was done, as own home. lawver's office. silk mill. etc. sawmill, bank, etc..... 25. Date (month and year) last engaged in this work 26. Total time (years) spent 2 16. Date (month and year) last engaged in this work 17. Total time (years) spent must in this work all in this work..... ..... 19...... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) Before labor...... months 29. If stillborn, or weeks 30 Cause of stillbirth. period of gestation 9 mu During labor. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE m. on the date above stated. I hereby certify that I attended the birth of this child, who was œ INLY When there was no attending physician ! (Signed) ..... or midwife, then the father, householder, etc., should make this return. A...., Midwife Give name added from a supplemental report..... One Registrar. Registrar.

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	1	168-120-024 495	Form V. S. No. 11-C-25m-1-1-13
		JAN 11 1937	STATE OF IDAHO NUREAU OF VITAL STATISTICS
0		County of	CERTIFICATE OF BIRTH S 217824
RECORD		City of Magnetical No. Registration District No.	7 File No.
TRE		NoSt.	rict No. 2
ZHZ		Primary Registration Dist	d Huson
NDING		FULL NAME OF CHILD	1/ 1/ 1/ 24 - 33
BINI A PE	2	Sex of Triplet and a silver or ether?  Child (To be anothered only in event of plural birth	Legiti- Birth 191  (Month) (Day) (Year)
ຸ 🖺 ,		FULL NAME SE STATHER SULLAN.	MAIDEN Bless Munas L
_	Dirth stated	RESIDENCE HARMANIA	RESIDENCE . Hazzmann
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<u>ຫ</u> ຼື .	44	BIRTHPLACE Belowy, Ida,	BIRTHPLACE Hazzanene
R F	hild at b	OCCUPATION January	OCCUPATION ##
MARGIN Y WITH U	3	Number of child of this mother, including present birth.	Number of children of this mether new living, including present birth.
	more t	CERTIFICATE OF ATTENDING	Com 3
PLAIN	200	on the date above stated.  "When there was no attending physician or midwife, then the father, householder, etc., should (Signature)	org Kunning
	mi mi	make this return. A stillorn child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwif
WRITE		Given names added from a supplemental report.	Bull dea
		S-y co. 24888 Registrar	1-21 10.33 Registrar
	- 1		

DRATH Tiffeate	1. PLACE OF DEATH  AN 1 1 1934 CERTIFICAL  Registration District No	TE OF DEATH  2/ BOARD OF HEALTH Bureau of Vital Statistics
5	County of Primary Registration Dist	rict No. Sty 1559
USE	Citrol Hagly Man (No	
ate CA	If death occurs away from usual residence, give facts called for under special information.  2. FULL NAME. Thanks.	Musel Johnson If death occurred in a hospital, institution or camp, give its NAME instead of street and number.
mid st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T RECORD SICIANS she ant. See insti	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID- OWED OR DIVORCED  Write the word.)  6. DATE OF BIRTH	16. DATE OF DEATH
G PERMANENT ACTLY, PHYSI very importan	6. DATE OF BIRTH  Oct 20 1255  (Month) (Day) (Year)	17. I HERRENY CERTIFY, That I attended deceased from
BINDING IS A PI Red EXAC	7. AGE  TILL DOWN  IF LESS than 1 day how many hrs.  Was Mos ds or min.?	that I last saw ham alive on Still Corra 19, and that death occurred on the date stated above, at J.M.
FOR BI	8. OCCUPATION  (a) Trade, profession or particular kind of work.	The CAUSE OF DEATH was as follows: . Color
SERVED  (G INK -  (G should  ent of OC	(b) General nature of industry, brainess on setals, inhamment in which employed (or employed)	Hort glass construction glitter
RGIN RE UNFADIN ppilod. A	9. BIRTHPLACE (State or Country)	(Duration) Yrs
: 3 = 42	10. NAME OF THE THE THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY O	(Duragon) yrs. mos. ds.
INLY, WIT	11. BIRTHPLACE OF FATHER (State or Country)	10-23 (Address) Bull Sta
E PLA	12. MAIDEN NAME Hadro O William	*State the Blasses Causing Beath; or in deaths from Vielent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Hemicidal.  18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
WRIT rmation	18. BIRTHPLACE Sake	Transients or Recent Residents.)  At place In the of death yra mos days. State yrs mos days
info in it is	(State or Country)  14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?
E Charles	(Informant) Dis It Julian	Former or usual residence
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Address) Jegensia	19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
B.—Eve Platin to	15. 0+2/ 22 R114	Hagerman Oct 1033
•	Filed 1990 Local Registrar	20. UNDERTAKER ADDRESS
z.	STHE-PORE CO., PRINTERS & BIRDERS, BOICE 51688	none

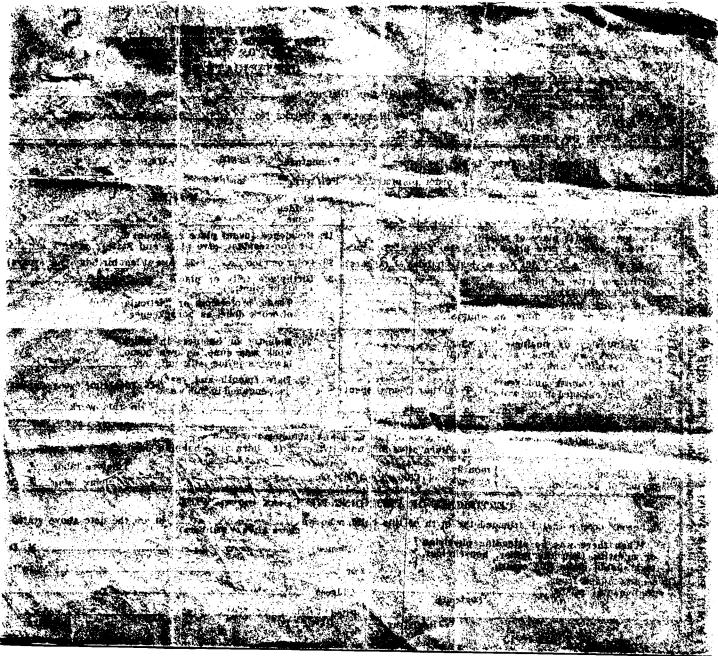
A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months,

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, i's necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ......(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough: Chronic vo vular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere chopheumonia (secondary), 10 as. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."

STATE OF IDANO
DEPARTMENT OF FUELLO WILLFARE PLACE OF BIRTH County of Jester N.B.—In case of more the BURBAU OF TITAL BYATISTICS City of... CERTIFICATE OF BIRTH Registration District No. State File No. ..... (If born in homoital or institu-Prim. Registration District No. ... Local Registrar's No tion give name.) 2. FULL NAME OF CHILD ..... 4. Twin, triplet, or other......... 6. Premature 7. Legiti-(f plura) 8. Date o 3. Sex birth. births Full term mate 7.34 5. Number, in order of birth..... RECORD. MOTHER 18. Full 9. Full FATHER maiden name Gladus name / reva 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) Minan (If non-resident, give place and State) PERMANENT each, and the 11. Color or race za. | 12. Age at last birthday . 3. 8 years 20. Color or race...... | 21. Age at last birthday 32. (years 13. Birthplace (city or place) and 22. Birthplace (city or place)..... (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. OCCUPATION typist, nurse, clerk, etc. sawyer, bookkeeper, etc ..... 24. Industry or business in which 15. Industry or business in which made work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. .......... 25. Date (month and year) last engaged in this work 26. Total time (years) spent 2 16. Date (month and year) last engaged in this work 17. Total time (years) spent INK ...... 19...... in this work..... ...... 19...... in this work..... 27. What prophylactic was used to prevent Ophthamia Neonatorum? WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 3...(b) Born alige but now dead. Q. (c) Stillborn.../.... shouldes injustición contracted escipo Before labor..... months 29. If stillborn, Duling labor.... period of gestation..... CERTIFICATE OF ATTENDING PHYSIC in on the date above stated. I hereby certify that I attended the birth of this child, who was tillians LAINLY et birth When there was no attending physician [ (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Registrar.



-	STA SECEIVED JUT 10 193 DEPARTMENT	TE OF IDAH	O WELFARE	DO NOT WRITE IN THIS SPACE
	PLACE OF DEATH BUREAU U	L ALLUT DIE	11101108	85975
	enty of Jefferson CERTIFI	CATE OF D	<b>EATH</b>	State File No
~	Domintmotion Digt	rict No9	98	38
Ott	y of Roberts Primary Registra	tion District 1	No. 2176	Local Registrar's No. 38
2.	(No. Jones I (If death occurred in a hospital or inst	Imergency itution, give its n	7 Hosp.	206
-    .	(a) Residence. No		St	
	(Usual place of abode) ength of residence in city or town where death occurred. yrs.	mos. ds.	How long in U. S., if	(If nonresident give city or town and State) of foreign birth? yrs. mos. ds.
		1		DAL CERTIFICATE OF DEATH
	PERSONAL AND STATISTICAL PARTICULARS			
3.	SEX 4. COLOR OR RACE 5. Single, Married or Divorced (write	the word)	16. DATE OF DEAT	tober 9 1933.
1	dale White Babe			(Month) (Day) (Year)
5a	. If married, widowed, or divorced HUSBAND of		17 I HERERY CER	TIFY. That I attended deceased from
	(or) WIFE of			, 19, 19, 19
	DATE OF BIRTH (month, day and year) October 9	1022	that I last saw him	
	AGE Years Months Days If LES	S than 1 day,		ed, on the date stated above, at
	0 0 0	min.	The CAUSE OF DEA	
-	OCCUPATION OF DECEASED		Sullam.	
		,	Name and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	
	(a) Trade, profession, or particular kind of work		***************************************	
	(b) General nature of industry, business, or establishment in	ll l	an en succeptus anne superior administrativos critical and that was two critical art an en-	(duration)yrsmos.
	which employed (or employer)		CONTRIBUTORY	$m{v} \star m{V}$ . $m{z}$
	(c) Name of employer		(Secondary)	
	BIRTHPLACE (city or town) Roberts, Idal	30.		(duration) yrsnosd
9.	(State or country)	10.	18. Where was disca if not at place of	se contracted death?
	10. NAME OF FATHER		Did an operation prec	
	Henry Levern Wile	aon.	Was there an autopa	
δō	11. BIRTHPLACE OF FATHER (city or town)		What test confirmed	di Congain I
ENTS	(State or Country) Twin Groves, Id	deh	(Signed) Lac	Thailes, M.
PARE		463100	10/10	(Address) Roberts, Idah
Pi	12. MAIDEN NAME OF MOTHER  Treva Young	g	<del>- /                                  </del>	
	18. BIRTHPLACE OF MOTHER (city or town)		*State the DISEAS: CAUSES, state (1)	E CAUSING DEATH, or in deaths from VIOLEN MEANS AND NATURE OF INJURY, and (
	(State or Country) Archer. Idal	10.	whether ACCIDENTA	AL, SUICIDAL, or HOMICIDAL.
14	The guillann		19. Place of Burial,	Cremation or Removal Date of Burial
	Informant (Aller)		annie	, Ila. 10-10 193
-	(Address) Menan Kola	7	20. Undertaker	Address
11	Filed 10 - 10 ( , 1933 COECH	well	(1A)	Caberell Rich
1		Registrar	- Vac	William I The

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritorities," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

spinal fever (the only definite synonym is "Epidemic

cerebrospinal meningitis"); Diphtheria (avoid use of

"Croup"); Typhoid fever (never report "Typhoid Pneu-

monia"); Lobar pneumonia; Bronchopneumonia ("Pneu-

monia," unqualified, is indefinite); Tuberculosis of lungs.

meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of

(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles;

Whooping cough; Chronic valvular heart disease; Chronic

interstitial nephritis, etc. The contributory (secondary or

intercurrent affection need not be stated unless important.

Examples: Measles (disease causing death), 29 ds.; Bron-

chopneumonia (secondary), 10 ds. Never report mere

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO must be made DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of. CERTIFICATE OF BIRTH City Registration District No... 1009. State File No..... Print Registration District No.... 4.6..... Local Registrar's No..... (If born in hospital or institution give name FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of shild) Number Date of Twin Legitiin order Sex of Triplet birth order of mate? of birth (Day) or other? Child (To be answered only in event of plural births) What prophylactic was used to prevent Ophthalmia Neonatoguan? Born, alive and now living ... Number of child of this mother, including present birth... Stillborn .... Born alive but now dead .... FULL MAIDEN FULL Residence (Usual place of/abode If non-resident, give place and S at. last Birthday Color or race. (Years) Color or race. Birthplace ... (City and State or County) Birthplace .... WITH Occupation Occupation ..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who wash Stillborn on the date above stated. (Signature \*Where there was no attending physician? WRITE B.—In or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth.

THE OF THE PLACE OF BE UNPARTMENT OF PURIC WELFARE BUREAU OF EITAE STATISTICS EXPERIENCE OF BUREA Rochstration Matrice No. (H. st. Bare, substitute the word "Subbetta for same of anti-TILL STAIR OF CHILD SELECT and in order -litimal mate? (diente) (Do be agreed of the in come or ploral bitter) Conferent could be for malading present birth. (2) Born alice and now inches the day of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta STATE LINE Complete of State of State of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of (Stand) to state of (Course) (tolanda est) CENTRALISATES OF ATTENDING PHYSICIAN CHARLESTEE. I hereby certify that distended the high of this child, who was fifthern on the date above stated. "Where there was no attending physically (Physician or mathematic) or midwife, that the latter, howereder, the should make this course A still born that notiner includes methors mot was order audonee of the after Meth.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		:	
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

RECEASED BIBLE STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of.... BUREAU OF VITAL STATISTICS City of ....... CERTIFICATE OF BIRTH 218004 No. (If born in hospital or institution Prim. Registration District No. Local Registra give name.) FULL NAME OF CHILD...... (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Date of Legiti-Sex of in order Triplet and hirth mate2. or other? Child (To be answered only in event of plural births) (Yeap) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth..... Born alive and now living .... Born alive but now dead. Stillborn ...... FULL MAIDEN FULL NAME .... NAME ... Besidence (Usual place of abode Residence (Usual place of abode) If non-resident, give place an It non-resident, giverblace and S Color or race at last Birthday. Color or race. (Years) Birthplace ..... Birthplace ... City and State or County) Occupation \ CERTIFICATE OF ATTENDING PHYSICIAN OB MIDWIFT I hereby certify that I attended the birth of this child, who was Stillborn 12 on the date above stated. (Signature) \*Where there was no attending physician (Physician or midwiff or midwife, then the father, householder, etc., should make this return. A stillborn Address N child is one that neither breathes nor shows other evidence of life after birth.

BEARTMENT OF PUBLIC WHEFARE L. to vinues WELL OF TAKE STATISTICS CHARLES OF BERTH Mondaire tion District No. Botto in complete or the culture The Hegistration District No. L. Local Lecture's No. L. STEEL SAME OF CHEED .... (If stilliers substitute the word "Stillbirth" for bank of shild; 13dano 1) of to ซอฟซอ สนั้ (Month) (Manual) ( although only is swent of white carriers with Whatejironhylucile was used to present Childhalidia Teansturdin. Vienter of child of this mother, including pregent of the ... (a) Born allye and now living .... Stillborn ... Born affer but now dead a mine AGHTON FULL MAIDEN THAN 1 A Reddence Uvasi place of aborde V. Track Land Hoon resident the plane and Bear ... t ninner ident, airodal are und Sch dirth, lace . . . . Sictions. U and Bule or Courty neit annaë CERTIFICATE OF ATTITION OF STRUCK PROPERTY. ( distance of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of the little of th I hereby dentify the flattened the blith of this child, who was dilliboured. in the thete above stated \*Where there was no attending physicion Physical property or midwife, then the futher, nousabolder, etc. should make this return. A still hors \*earble child is one that neither breathes nor dies other evidence of life after birth.

IT RECORD. Every item of PHYSICIANS should state Exact statement of OCCUPA.	County of Nez Perce City of Lewiston  City of Lewiston  City of Lewiston  City of Lewiston  City of Lewiston  City of Lewiston  City of Lewiston  CERTIFICATE O  Registration District No  Primary Registration District No  (No. St. Joseph Ho  (If death occurred in a hospital or institution,  2. FULL NAME Key Marryn Brooks  (a) Residence. No/2 / 6 -	DO NOT WRITE IN THIS SPACE STATISTICS STATISTICS State File No
ANENT GTLY. fied. Es	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NG RMAN) KACTL	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Single (write the word) Single	21. DATE OF DEATH (month day, and year) Dec. 15 1933  22. I HEREBY CERTIFY, That I attended deceased from
NDI PER I EX	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	Acc / 5 , 193 3 to See / 5 , 193 3  I last saw h — alive on Still form , 193 7 : death is said
IN RESERVED FOR BIRDING INK—THIS IS A I lied. AGE should be stated so that it may be properly tion on back of certificate.	6. DATE OF BIRTH (month, day, and year) Dec. 15, 1933 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the data stated above at 8/3/ 4m
	8. Trade, profession, or particular kind of work done, as spinner, At Home  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	Other contributory causes of importance:
MARGIN UNFADI: y supplied terms, so i	12. BIRTHPLACE (city or town) Lewiston (State or country) Idaho	
E to M	13. NAME Buford Brooks  14. BIRTHPLACE (city or town) Arkansas  (State or country)	Name of operation Date of Management of What test confirmed diagnosis? Was there an autopsy?
	(State of County)	23. If death was due to exter causes (violence) fill in also the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	17. INFORMENT (Address)	Specify whether injury occurred in industry in home, or in public place.
TE P ation E OF	18. BURIAL, CREMATION, OR REMOVAL Place Leviston, Idahoate 12/15/3763	, Manner of injury
.—WRITE I information CAUSE OF	19. UNDERTAKER Brower-Wann Co. (Address) Lewiston, Idaho	24. Was disease or injury in any way related to occupation of deceased?
E E	20. FILED 4 , 1934 Registrar.	(Signed) (Signed) (Machington, Machington) (Address) Clarkston, Washington

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
		· · · · · · · · · · · · · · · · · · ·	•••••

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of LL CERTIFICATE OF BIRTH \_\_\_\_State File No.\_ (If bose in hospital or institution Prim. Registration District No. \_\_\_\_\_Local Registrar's No. \_\_\_\_\_ give name.) WoroTh FULL NAME OF CHILD ... 4. Twin, triplet, or other 8. Date 6. Premature\_\_\_\_7. Legiti-If plurai A. Sex birth. births ourole. Full term 5. Number, in order of birth. mate?\_ (MONTH, DAY, YEAR) 18. Fall MOTHER 9. Full **FATHER** maiden ch, and the number name name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 20. Color or race 42 21. Age at last birthday 24 (years) 11. Color or rational 12. Age at last birthday \_\_\_\_\_\_\_ 13. Birthplace (city or place) Tresest 22. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular 2 6 of work done, as housekeeper, kind of work done, as spinner. typist, nurse, clerk, etc. sawyer, bookkeeper, etc. \_\_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill lawver's office, silk mill, etc... sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last | engaged in this work 26. Total time (years) spent in this work ..... spent in this work\_\_\_ RETURN 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Q\_(b) Born alive but now dead\_\_\_\_(c) Stillborn\_\_ WITH UNF a SEPARATE I Before labor ---28. If stillborn. months 29. Cause of stillbirth Daylord hyspulation or weeks period of gestation\_ACL During labor\_\_ CERTIFICATE OF ATTENDING PHYSICAN OF MUDWIFE n. on the date above stated. I hereby certify that I attended the birth of this child, who was (BORN POWE OF STILL When there was no attending physician ) or midwife, then the father, householder, (Sianed) etc., should make this return. Give name added from a supplemental report\_\_\_\_\_ Address (DATE OF) Filed. Registrar.

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH DE	PARTMENT OF PUR	BLIC WELFARE	DO NOT WRITE IN TH	IS SPACE
County of Nez Perce	BUREAU OF VITAL		State Elle No. 871	154
City of:Lewiston	CERTIFICATE O	F DEATH	State File No.	UI
reg	gistration District No			
Pri	imary Registration Distri	$\alpha \prime $	Local Registrar's No	·
(No	d in a hospital or institution,	give its home instead	of street and number	V 60
2. FULL NAME Derthy	// //	//		, }
(a) Residence. No		S+	Clareston 21	
(Usual place of abode) Length of residence in city or town where d		ds. How long in U	If nonresident give city or town. S., if of foreign birth? yrs.	and state)
PERSONAL AND STATISTICAL		11	AL CERTIFICATE OF DEATH	
3 SEY A COLOR OF BACE   5	Single Married Widowed	<u> </u>		
Female White	Divorced (write the word)		(month day, and year) De C ERTIFY, That I attended decer	
5a. If maried, widowed, or divorced HUSBAND of	- 1116,10	Nex 4	, 193. <sup>5</sup> , to	
HUSBAND of (or) WIFE of		I last saw halive		: death is sai
6. DATE OF BIRTH (month, day, and yes	ar) Dec. 4, 1933		the date stated above, at	2.m.
7. AGE Years Months	Days If LESS than	were as follows:	of death and related causes of	Date of ons
	1 day,hrs.		<i>D</i>	
8. Trade, profession, or particular kind of work done, as spinner,	W HIII	Shill	form -	
Sawyer, bookeeper, etc	At home			
kind of work done, as spinner, sawyer, bookeeper, etc				
50 saw mill, bank etc	Total time (week)	Other contributory	causes of importance:	
this occupation (month and year)	Total time (years) spent in this occupation	$\mathcal{O}$		
	ewiston	Con	har pelgro	
(State or country)	daho	Dulliele	presentation,	
13. NAME C. C. Rinhmone 14. BIRTHPLACE (city or town)	d	Name of operation	Dat	e of
14. BIRTHPLACE (city or town)	Prescott	What test confirmed of	liagnosis?Was there	an autopsy?
(State of country)	Wn	11	exter leauses (violence) fill in als	
15. MAIDEN NAME Stella	Chapman	11	omicide? Date of in	ijury, 193
	lberta anada	Where did injury oc	(Specify city or town county, a	and State)
0 0 (-		Specify whether inju	ry occurred in industry in hon	ne, orin public
17. INFORMENT (Address)	Jan Sala	place.		
18. BURIAL, CREMATION, OR REMOVAL Place SPOKANE, Wash		I <del> </del>		
Prower Wen			ry in any way related to occupat	
19. UNDERTAKER	Idaho	If so, specify	J. Qui	<i>f</i>
20. FILED 1 20 4 6 , 1937 2	m Lelo		laus Foffahel	, <b>м</b> . D
40. FILED & M. W. L. A. L 1832	July of the Stanffer of the second	II	Lowinton Idoho	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week age	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

PLACE OF BURTH -In case of more than in order of birth stated. STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS City of La 218929 CERTIFICATE OF BIRTH 28 State File No. Registration District No. A (If born in hospital or institution give name.) rim. Registration District No. .....Local Registrar's No..... 2. FULL NAME OF CHILD N. B.-4. Twin, triplet, or other.......... 6. Premature...... 7. Legiti-[f plural 8. Date of 3. Sex birth.....2 birtha 5. Number, in order of birth..... Full term mate? number of (Month. Day. Year 9. Full MOTHER FATHER 18. Full nama maiden name 10. Residence (usual place of abode) A9: Residence (usual place of abode) (If non-resident, give place and State) PERMANENT (If non-resident, give place and State) 11. Color or race Mill 12. Age at last birthday 2.8 (wears) 20. Color or race Wast 21. Age at last birthday 28 (year 22. Birthplace (city or place) Billians 13. Birthplace (city or place)... MFkull (State or country) (State or country) each, 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, with and sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk milk sawmill, bank, etc.

Date (month and year) last engaged in this work 17. Total time (years) spent of work done, as housekeeper, kind of work done as spinner, typist, nurse, clerk, etc. 24. Industry or business in which 15. Industry or business in which made work was done, as own home. lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) spent ቋ 16. Date (month and year) must 12.18.33 19 in this work 12-18-33 19 in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. (b) Born alive but now dead... (c) Stillborn. Before labor. months or weeks 30. Cause of stillbirth 29. If stillborn. period of gestation. Nume During labor CERTIFICATE OF ATTENDING PHYSICI I hereby certify that I attended the birth of this child, who was m, on the date above stated. When there was no attending physician i (Signed) or midwife, then the father, householder, etc. should make this return. TE PI Give name added from a supplemental report..... Address Registrar.

CHACL SE PLATS ENTERNO IN THAT STATISTICS CHRISTONER OR REST all old occupations and the second second with ut so butters that The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the 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RECEIVED IAN STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH 218031 537-103-03 State File No.\_\_\_\_ Redistration District No.... 2069 Local Registrar's No. 118 (If born in hospital or institution Prim. Registration District No. give name.) 2. FULL NAME OF CHILD\_\_\_\_\_ If plural 4. Twin, triplet, or other \_\_\_\_\_\_6. Premature 7. Legiti-8. Date\_of 3.\_Sex birth births Mule Full term 5. Number, in order of birth (MONTH, DAY, YEAR) 9. Full FATHER MOTHER 18. Æull name maiden PERMANENT name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and state) 12. Age at last birthday Q (years) 21. Age at last birthday 20. Color or race\_\_ 22. Birthplace (city or place) Hamonu 13. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind Trade, profession, or profession of work done, as housekeeper 14. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc. \_\_ 15. Industry or business in which 24. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc.\_ sawmill, bank, etc. \_\_\_\_ 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last | 26. Total time (years) engaged in this work Margani in this work... spent in this work. 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living . (b) Born alive but now dead . (c) Stillborn . . . . Before labor\_ 24 28. If stillborn, period of gestation or weeks 29. Cause of stillbirth... 28. If stillborn. During labor CERTIFICATE OF ATTENDING PHYSICIAN OR m. on the date above stated. I hereby certify that I attended the birth of this child, who was . When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. Give name added from a supplemental report\_\_\_\_\_ Address (DATE OF) Filed\_ Registrar. Registrar.

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74.0	REC Exact	2. FULL NAME CAP	Williaus Evans Samari:	a Idaha s+	·•	7
£		(Usual place of abode) Length of residence in city or town wh		ds. How long in U.	If nonresident give city or to S., if of foreign birth? yr:	own and state) s. mos. ds.
	CTLY.	PERSONAL AND STATIS		MEDICA	AL CERTIFICATE OF DEAT	rh
NG.	2 4 2	3.SEX 4. COLOR OR RACE	E 5. Single, Married, Widowed, or Divorced (write the word)		(month_day, and y Des 3 ERTIFY, That I attended dec	
INDIN	FER ed EX.	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of			, 1935, to 10-	1922 death is said
R B	state state rope:	6. DATE OF BIRTH (month, day, an	d yea <b>Dec 3 193</b> 3	to have occurred on	the date stated above, at of death and related causes	<b>m.</b>
FO FO	Id be por color	7. AGE Years Months	Days If LESS than 1 day, hrs. or	were as follows:		Date of onser
VED	shou may bacl	8. Trade, profession, or particul kind of work done, as spinn sawyer, bookeeper, etc	ar er,	Rull	ب ب	=
ESEE	AGE at it on on	kind of work done, as spinns sawyer, bookeeper, etc	1			
IN RI	lied. AC., so that	10. Date deceased last worked at this occupation (month and year)		Other contributory	causes of importance:	
ARG		12. BIRTHPLACE (city or town) (State or country)	Bamaria Idaho			
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	refull plain ant.	14. BIRTHPLACE (city or town) (State or country)		1	iagnosis? Was the	
<b>2</b> 5	g ä f		Idako unella Williama		xter'icauses (violence) fill in a omicide? Date of	-
7 17 1	old be ATH	15. MAIDEN NAME Ann E1 16. BIRTHPLACE (city or town). (State or country)	Samaria Teabo	Where did injury occ	cur? Specify city or town county,	, and State)
14	실립다.	17. INFORMENT Ease	2 Eurosa		y occurred in industry in he	
1	tion OF	18. BURIAL, CREMATION, OR REMO				
WRITE	information CAUSE OF PATION is	19. UNDERTAKER	la Date Dag A., 193 3	24. Was disease or injur	ry in any way related to occupa	
4	infe CA PA	(Address) 20. FILED 1935	Inlad Idaho	(Signed)	M. Ken	Ta:
2			Registrar.	(Address)		<u>~ ~n</u>

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	Ţ	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	_
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

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ş	PLACE OF BIHDH	1334	STATE OF IDAHO	
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N S T T	(If horn in hospital or institution		7101	
ANEN FURN stated	give name.) Prin	1. Registration Distric	No. A. La.Local Reg	lstrar's No. 40
RMANEN RETURN rth stated	FULL NAME OF CHILD	Stillwert	h Cherry.	
PERMANENT TE RETURN E I birth stated.	(1	if st <u>illborn,</u> substitute	the word "Stillbirto" for n	ame of child)
IS A PHARATE	Sex of Twin	Number in order Leg	Date of	
AT	Child The or other?	of birth mat	Date of birth	19
25.5	(To be answered only in	event of plural births)	(Month)	(Day) Q4 (Year)/
S IS ZPAR order	What prophylactic was used to prevent	Ophthalmia Neonator	um? //	24-
	Name of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	Frank Math	(a) Dan Was	•
H & 3	Number of child of this mother, including	· · · · · · · · · · · · · · · · · · ·	(a) Born alive and no	w living
NK—II birth a each,	Born - but now dead	Stillborn		
INK otr	Tomas OFATHER	FULL	MOTHER	
of T	NAME COME Haften like	MAIDEN NAME	Libber Adell	Holeh
	18.Tax	dalla Residence (	Jsual place of abode	En Idelan
FADING e child number	, , ,	X) 1/36/1	sual place of abode	1001 Jones
<b>₹</b> 3	It non-resident, give place and State	<b>49</b> -	at, give place and State	
	Color or race	hday <b>24</b> Color or	race White Age at	last Birthday 36
the the	Birthplace wictor 2 dah		. 1 > ()	(Years)
	(City and State or County)	Birthpla	(City and State or	County)
WITE e than	Occupation armen dakes	Occupati	on have kee	
≥ 5 <sup>4</sup>	CERTIFICATE O	F ATTENDING PHYSI	CIAN OR MIDWIFE*	
LY	_		Born alive	
E - 2	I hereby certify that I attended the	birth of this child, who	o was Stillhorn A at	F AM.
A S	on the date above stated.			~
PLAINLY		(Signature)	MAN BBE	wite,
-	*Where there was no attending physici	8 <b>7</b> 1	•	
E H	or midwife, then the father, household		1 (Physician or	midwife).
WRITE B.—In	etc., should make this return. A stillbo	orn L	DU. of	
<b>3</b> P	child is one that neither breathes r		www.	aano,
z	shows other evidence of life after bir	th. J Filed A.M.	1 1934 Will	M Melas
		Firety Jew. v.		Parietron

PLACE WAR EVARTE BAT OF PUBLICATION The Live of 1 4d and BULLLIE OF VIEW STATIST \* SHELLIOVER OR BITTER Registration Desired No. 2 ciaté de po Tagel Cranbid Steel care in heapited or inefficulion Prime Breis restaudientick No. 4 THE TO SEEK LEEP. the state of the worst "Millis" for name of the billion and in orther health their of the orther or the orther or the orther or the orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther orther 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Employed Art of Please f Victoria their was no attending physicism Introduction the balls will be or medical the latest householder. rid stords make this return. 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ery hou		J GERTIFICATE O	
Ev S a		City of Registration District No  Primary Registration District	
)RD. Bv ICIANS a statement			
RECORD. PHYSICIA Exact state		(If death occurred in a hospital or institution,  2. FULL NAME	give its name instead of street and number.)
		(a) Residence. No(Usual place of abode)	St. (If nonresident give city or town and state)
NENT LY.		Length of residence in city or town where death occurred. yrs. mos.	ds. How long in U.S., if of foreign birth? yrs. mos. ds.
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DING ERMA EXAC)		3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 100 1 3 4 - 193 3 22. I HEREBY CERTIFY, That I attended deceased from
NDING PERM d EXAC	ė.	5a. If maried, widowed, or divorced	
N P P P	fice	HUSBAND of (or) WIFE of	I last saw halive on, 193: death is said
R B IS A IS A BEAT	certificate.	6. DATE OF BIRTH (month, day, and year) hov: 24 - 38	to have occurred on the date stated above, at
FO E se g	of c	7. AGE Years Months Days If LESS than 1 day, hrs.	were as follows: Date of onset
ED THI	ck (	or min.	no Couse Known
KKKK	ı ba	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	
SEF IN GE CE	n on	9. Industry or business in which work was done, as silk mill,	
RES NG CA that	instruction	saw mill, bank etc	Other contributory causes of importance:
,-,	truc	O 10. Date deceased last worked at this occupation (month and vear) spent in this occupation	
AARGIN UNFADI enpplied		12. BIRTHPLACE (city or town) Licht Sclavo	
	See	13. NAME Thomas. W. Cherry,	Name of operation Date of
WITH carefull n plain	nt.	13. NAME Thomas. W. Cherry  14. BIRTHPLACE (city or town)  (State or country)	What test confirmed diagnosis? Was there an autopsy?
car	important.		23. If death was due to exter Icauses (violence) fill in also the following:  Accident, suicide, or homicide?
k . 🗥	m	15. MAIDEN NAMEOUBLE WALL Haleh 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? (Specify city or town, county, and State)
LAINI should DEAT	very i	(State or country) Jicky Idaho	Specify whether injury occurred in industry, in home, or in public
740	,	17. INFORMENT THE LANGE TO THE ACTION OF THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE LANGE TO THE	place.
	.E	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRIT ormat .USE	TION	Place 1933	Nature of injury
WRITE informatio	⋖	19. UNDERTAKER (Address)	If so, specify
# .E O	딕	20. FILED Jan 1, 1934 abre M. Freene.	(Signed) (Signed)
ż		Registrar.	(Address) Al uggo Hagne

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or ower. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE 1		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE 1	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	•••••••••••		

made	PLACE OF BIRTH DIAN 5 1934	STATE OF IDAHO
3 2	County of Jelsey	DEPARTMENT OF PUBLIC WELFARE
	City of Driggo ida. R.F.D.	BUREAU OF VITAL STATISTICS 218088
re in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of		CERTIFICATE OF BIRTH
	No St.	76
	Registration	District NoState File No
ATE RETURN m of birth stated.	(If born in hospital or institution give name.)	ation District No. 2. 7.4 Local Registrar's No. 4
		My II. TOON I -
	FULL NAME OF CHILD. (If stillborn	n, substitute the word "Stillbirth" for name of shild)
	Twin Number	
158	Sex of Triplet and in order	Legiti. Date of / > 9
3 2 3	Child O' or other? I of birth (To be answered only in event of plural by	irth) mate? — birth (Month) (Day) (Year)
SEPARA in order	What prophylactic was used to prevent Ophthalm	, , , , , , , , , , , , , , , , , , , ,
6.		rth (a) Born alive and now living
후혈	Born alive but now dead	Stillborn
at birth a of each,	FULL Lord a Carlow	FULL MAIDEN Asry Lish Wassell
	Residence (Usual place of abode ) 1 1400, Maleo	Residence (Usual place of abode)
e child number	le noté-resident, give place and State TY	
	2/2	If non-resident, give place and State.
the n	Birthplace Age at last Birthday (Year	Color or race As Asoat last Birthday 32
7 2	Birthplace (City and State or County)	
in the	Occupation	Occupation (City and State or County)
		DING PHYSICIAN OR MIDWIFE.
more	CERTIFICATE OF ATTEN	( Remedies )
	I hereby certify that I attended the birth of th	ale child who were Sature
io o	on the date above stated.	is clind, who was Schiborn at
985		(Signature) Z. T. Fasue, M/D.
ن ·	(*Where there was no attending physician)	A-
Ť	or midwife, then the father, householder,	(Physician or midwife)
	etc., should make this return. A stillborn	A
M		Address
N.	shows other evidence of life after birth.	Filed Jan 1- 19.34 alice M Freene

CHACL TO STATE DEPARTMENT OF PURCH WITTERS lo xx SOURCE OF PILAT SEVERE CAN AND SECOND Thirms so amormis: Regimention District No. 1. Prior Constitution District No. 1. Local Registrate No. MANUS SINGERAL il's "liborin gubelitute the word "Stiffbrein" for meine of beide story is ever of gentlader) reference of bone Month (Day) Property Was used to prevent until helpits Noonatorum? death of this worker the worker to some time. (a) from any and not living Been silve hist new there. Stillborn .... ALL DESCRIPTION OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF The said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the said the E ... co-receient, give place and Shee Color or race . Lat. Birthplace Till and Suce or mark (Sunnocato (17 type (113)) Occupation TOPICATE OF ATTENDING PRESENTED SERVICE Martin touth their standard the hirth prishin child, who was Bullborn at DOUBLE THINK WITH HE TOTAL THE STREET OF SOME OFFICE AND STREET or at the the the feller mateholder. (attimble to appropriate) the are one that neither beathes nor shows removeridence of the other birth.

44	<b>0</b> .4 1	RECEIVED AND SHOWING OF THE	100
70 g	CCU-	PLACE OF DEATH DEPARTMENT OF PUB	
		County of Jefon BUREAU OF VITAL	STATISTICS STATISTICS
very	should t of O	CERTIFICATE O	F DEATH State File No. C 1 1 0 1
M g	nen	City of Registration District No Primary Registration Distri	19
RECORD	I SICIA	(No	give its name instead of street and number.
[⊢	Exa	(a) Residence. No(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	St.  (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
ZEZ	ied.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
{ } { }		3.SEX 4. COLOR OB RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 193
ZE	clas	temale while single.	22. I HEREBY CERTIFY, That I attended deceased from
NDIN	ly cat	5a. If maried, widowed, or divorced HUSBAND of	, 193 , to , , , , , , , , , , , , , , , , ,
BI	per.	(or) WIFE of	to have occurred on the date stated above, at
OR IS	pro cer	6. DATE OF BIRTH (month, day, and year)	The principal cause of death and related causes of importance were as follows:
FO HIS	be pe	1 day, hrs.	
	ay ay ack	8. Trade, profession, or particular	That how, Dead
RV IK		kind of work done, as spinner, sawyer, bookeeper, etc.	
SSE	מינים	9. Industry or business in which work was done, as silk mill, saw mill, bank etc	about 24 hours:
REING	th the	10. Date deceased last worked at 11. Total time (years)	Other contributory causes of importance:
	stru	this occupation (month and spent in this occupation	
MARGIN	appli :ms, : ins	12. BIRTHPLACE (city or town) (State or country)	<b>Q</b>
MA []	Sec 1	13. NAME Carl a Carlson	Name of operation Date of
	reful plain aut.	13. NAME OYL (Carlson  14. BIRTHPLACE (city or town)  (State or country)	What test confirmed diagnosis? Was there an autopsy?
<b>≩</b>			23. If death was due to exter icauses (violence) all in also the following:
Χ,	A	15. MAIDEN NAME Mary Lean Juaddell 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
<u> </u>		16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town county, and State)
PLAI	n shou F DE.	17. INFORMENT Carl Carlon (Address) Carl Carlo Maho RTA	Specify whether injury occurred in industry in home, or in public place.
TE.		18. BURIAL, CREMATION OR REMOVAL Place 19 and Chmilling Date day 1, 193 4	Manner of injury  Nature of injury
-WRITE	ormai USE TIO	19. UNDERTAKER //) M. Holasey	24. Was disease or injury in any way related to occupation of deceased?
<b>≱</b> ,	CAI CAI	(Address) Shauhow	Ma If so, specify
Ħ.		20. FILED Jan 1, 1934 abie M. Breeze.	(Signed) , M. D.
ż	1	Registrar.	(Audi cos)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

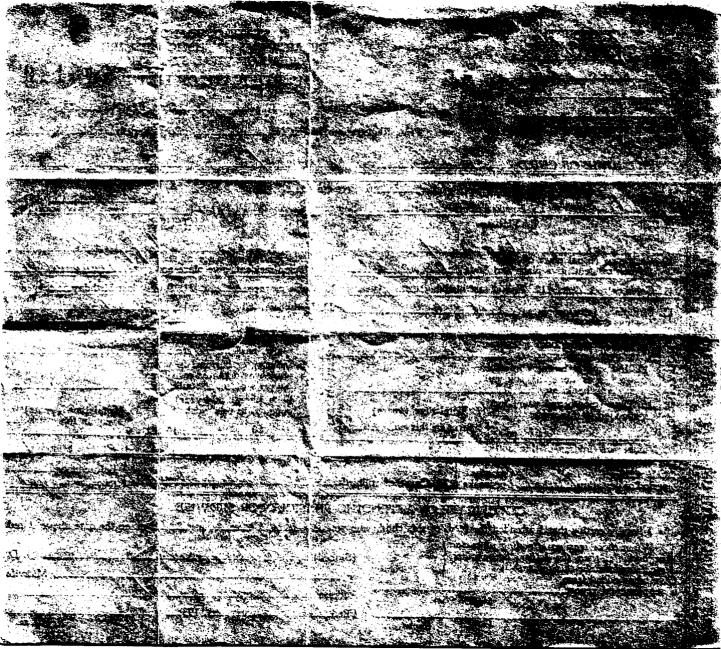
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Markington of more BUREAU OF VITAL STATISTICS City of Truelly CERTIFICATE OF BIRTH Registration District No.\_\_\_\_\_State File No.\_\_\_\_\_ (If born in hospital or institution Prim. Registration District No.\_\_\_\_\_Local Registrar's No.\_\_\_\_ give name.) 2. FULL NAME OF CHILD. RECORD. If plural 4. Twin, triplet, or other\_\_\_\_\_\_6. Premature\_\_\_\_7. Legiti-8. Date of 3. Sex birth -2/births Full term 3446 5. Number, in order of birth\_\_\_\_ mate? Ma (MONTH, DAY, YEAR) **FATHER** 18. Full 9. Full number maiden name A PERMANENT each, and the numb ñame 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Mully (If non-resident, give place and state) m and 11. Color or race 12. Age at last birthday 4.3 (years) 20. Color or race 121. Age at last birthday 22 (years) 22. Birthplace (city or place) 13. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper of our wife 25 kind of work done, as spinner, sawyer, bookkeeper, etc. CUPATION **OCCUPATION** typist, nurse, clerk, etc\_\_\_\_\_/ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill. lawver's office, silk mill, etc.\_ must be sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) fast | engaged in this work 26. Total time (years) spent in this work\_\_\_\_ WITH UNFADING a SEPARATE RETURN II spent in this work 27. Number of children of this mother Before labor \_\_ () months 28. If stillborn. 29. Cause of stillbirth hour. period of gestation \_\_ Man a\_\_ or weeks During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at & I.m. on the date above stated. I hereby certify that I attended the birth of this child, who was (BORN ALIVE OR STILLBORN) When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. Give name added from child a supplemental report\_\_\_\_\_ (DATE OF) DA R. T. WHITEMAN CARBRIDGE Registrar. Registrar.



RECEIVED should state of OCCUPA. STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No. Registration District No ... PHYSICIANS Primary Registration District No..... Local Registrar's No. hospital institution give its name instead of street and number.) 2. FULL NAME..... Residence. No .... (If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. (Usual place of abode) Length of residence in city or town where death occurred. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR BACE 5. Single, Married, Widowed, or Divorced (write the word) 3.SEX 21. DATE OF DEATH (month day, and year CERTIFY. That I attended deceased BINDIN 5a. If maried, widowed, or divorced HUSBAND of I last saw Kalive on 5744 93 death is said (or) WIFE of to have occurred on the date stated above, at ..... 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance were as follows: Date of haset 7. AGE Days If LESS than Months 1 day, .....hrs. min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and occupation 12. BIRTHPLACE (city or town). (State or country) FATHER Name of operation ...... 13. NAME What test confirmed diagnosis? ...... Was there an autopsy 3 14. BIRTAPLACE (city or town) (State or country) 23. If death was due to exter'icauses (violence) fill in also the following: important. Accident, suicide, or homicide?...... Date of injury............, 193... Where did injury occur? 16. BIRTHPLACE (city or town). (Specify city or town county, and State) (State or country Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) OF Manner of injury..... Nature of injury 24 Was disease or injury in any way related to occupation of deceased? LION If so, speg (Address)

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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other Contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

of more than stated.	1. PLACE OF THE TEN 14 1934  County of Assis	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 218222
birth	SI. Lupus. Registration Dis	
B.—In order of	till .	on District No. 1004 Local Registrar's No. 15
Zg	2. FULL IVAME OF CHILD 2	
RECORD.	3. Sex 1 If plusal 4. Twin, triplet, or other 6. Problems 15 Number 15 and 25 block	Med, birth 1100 , 193.3
No.	9. Full FATHER	18. Full MOTHER (MONTH, DAY, YEAR)
T P	name Harald Thabdey	maiden dala Reichelein
N PERMANENT I	10. Residence (usual place of abode) (If non-resident, give place and State)	10 Decidence (usual place of phode)
Id t	11. Color or race 12. Age at last birthday	20. Color or race21. Age at last birthday 21 (years)
A PEF	13. Birthplace (city or place) Carral Ida. (State or country)	22. Birthplace (city or place) Salding Lda. (State or country)
IS /	14. Trade, profession, or particular kind of work done, as spinner Theery men	23. Trade, profession, or particular kind of work done, as housekeeper,
S	sawyer, bookkeeper, etc	typist, nurse, clerk, etc.
THI	15. Industry or business in which work was done, as silk mill,	typist, nurse, clerk, etc
본침	IL someth back ata	lawyer's office, silk mill, etc
nust	16. Date (month and year) last engaged in this work 17. Total time (years)	O engaged in this work 26. Total time (years) spent in this work
N N	spent in this work	. 19
FADING RETURN	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and not	w living Born alive but now dead(c) Stillborn
RATE F	I 7X II stillborn. \ MOHUS	,
		th During labor
WITH a Sepai	CERTIFICATE OF ATTENDING	
	I hereby certify that I attended the birth of this child, who when there was no attending physician	(Bealty on Stillborn)
AINLY at birth		igned) alfred Deedya S., M. D.
PLA Ida	Give name added from	Toler, Midwife
WRITE I	(DATE OF)	dress 2 and Jahr. Rhades
X o	Registrar.	Registras.
		— Attach

SAME AS SERVICE AND SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME AS A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SAME A SA		HT 708	L PLACE GE
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exce justificate of abode).  con-resident, give place and State)	19. Resu	il place of aboute) give place and State)	13. Residence (13m
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Frade profession, or particular kind of work cone. as housekeeper, typist, ourse, clerk, etc.	Ž	rsuca, or particular k dopt, ar spinoer, kierper, etc.	1 Trade, pro
ndustry se business in which work wer done, wown home. swyer's effect will, etc.	<b>&gt;</b>	r business in which done as silk mill	E S Industry o
Date in 50th and year) last 26. Total time (years) engaged in this work spent in this work—	Ö	the work has 17. Total time (years his work.	in ingegera in
an alive but now deadfc) Stillborn	mosival woo on	per of this mother	aid. In this spirit
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During labor	i daidin	of weeks & Cause of	Begannist to noused
JAN CR MIDWIFE	DINO PHYSIC	CHRILICATE OF ATTE	
at one stated at the date above stated	tow orly	what I attended the birth of this child,	l keels ontif
	(Signed)	hen there was no attending physicism stanife than the pather, nonseholder, should make this return.	
	Address	850	The population in
601	tole?	(DATE OF)	
R. Janes		TETRIOS FI	

FRECORD. Every item of PHYSICIANS should state Exact statement of OCCU-	PLACE OF DEATH  County of Ada  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City of Boise  City	CLIC WELFARE DO NOT WRITE IN THIS SPACE STATISTICS  F DEATH  State File No. 87280  Ct No. 004 Local Registrar's No. 0091tal give its name instead of street and number.)
NENT fl.Y. fied.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NG SMA KACJ Iassii	3.SEX  4. COLOR OR RACE  5. Single, Married, Widowed, or Divorced (write the word)  Female  White  Single  Fa. If maried, widowed, or divorced  HUSBAND of	21. DATE OF DEATH (month day, and year) 12 - 30 1933  22. I HEREBY CERTIFY, That I attended deceased from 1932, to 1932.
HIS IS A PEI Id be stated EX be properly of	(or) WIFE of  6. DATE OF BIRTH (month, day, and year) Dec. 30, 1933  7. AGE Years Months Days If LESS than 1 day,hrs. or min.	I last saw halive on
N RESERVEI DING INKT ed. AGE shou so that it may ruction on bacl	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:
MAKGIN N. BWRITE PLAINLY, WITH UNFAD) information should be carefully supplied CAUSE OF DEATH in plain terms, so PATION is very important. See instru	12. BIRTHPLACE (city or town) Boise (State or country)  13. NAME Harold Hobdey  14. BIRTHPLACE (city or town) Corral (State or country)  15. MAIDEN NAME Idola Reichlein  16. BIRTHPLACE (city or town) Soldier (State or country)  17. INFORMENT Harold Hobdey (Address) R.F.D. #5, Boise, Idaho  18. BURIAL, CREMATION, OR REMOVAL Place Morris Hill. Date Jan. 2, 1934  19. UNDERTAKER Summers & Krebs (Address) Boise Idaho.  20. FILED 1934 Registrar.	Name of operation

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of onset Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 uear ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City CERTIFICATE OF BIRTH 218326 No. Registration District No. State File No..... (If born in hospital or institution Prim. Registration District No. 136 Local Agaistrar's No. give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word stillbirth" for name of saild) Number Twin Sex of Legiti-Date of Triplet and 4 in order Child birth or other? mate? (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth.....(a) Born alive and now living..... Born alive but Now dead....... .....Stillborn ..... FULL MAIDE Residence (Usual place of abode).... Residence (Usual place of abode) It non-resident, give place and State If non-resident, give place and Stat Color or race at last Birthday Color or race.... Z Birthplace ..... Birthplace ...... (City and State or County) Occupation ..... Occupation ...... CERTIFICATE OF ATTENDING PHYSICIAN OR I hereby certify that I attended the birth of this child, who was | Stillborn on the date above stated. (Signature) .... \*Where there was no attending physician? or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth.

DEPARTMENT OF MELLING WILLIAMS BUREAU OF THE SPANISH LICENSE (CHTTPHEET) Bertellen District No.... "of exercises property." Principle Martin Lastrice No. THE OF THE PARTY LIVE Manager marities the word visuality of mariet and to stall" - Itima.i Contact C who commended their in events of planes birthes What furnishing was used to prevent Continuenta Neonatorung weight wen inter the most (a) Symber of child of this mother, including propert birth. Horn alles but sale deside Ptillbarg ..... PULL MAIDEN the sections are seen that the Some state of the second state of the second Colon un rau 100 m 1010 Birrhplace. .... they seed State for County The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s THE PARTY OF ATTEMPTED PRICED IN STREET I hereby could share accorded the fatth of this child, who was stilling a on the (lets silves state) (Signature) .... " Whire there was according and areas ur midwife, then the father, beancholder, etc. should make this return. A stillborn Address chied in one that netter beaution non shows other estiteers of life effer high

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4	DEPARTMENT OF PUBL	
3	PI-ACE OF DEATE / BUREAU OF VITAL S	
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	County of Registration District No. 5	
E	City of Primary Registration Distri	ct No2/36 Local Registrar's No
statement		)
ä	death occurred in hospital or institution	give its name instead instead of street and number.)
	O MILL MANO SALES	
ಕ	1 2	
Exact	(a) Residence, No.	St.
14	(Usual place of about) Length of residence in city of fown where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
classified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ssi	3 SEX 4 COLOR OR RACE   5 Single, Married, Widowed,	16 DATE OF DEATH
الق	or Divorced (write the word)	/ 22
	# · · · · · · · · · · · · · · · · · · ·	(Month) (Day) (Pest)
properly ate.	ba If married, widowed, or divor	
. ĕ	HUSBAND of (or) WIFE of	17 I HEREBY CERTIFY, That I attended deceased from
E 5	_ with 5 well of the hypning	, 19, to
be pre	6 DATE OF BIRTH (month, day and year)	that I last saw h alive on
	7 AGE Years Months Days If LESS than	and that death occurred, on the date stated above, atm.
may	1 day,hrs. ormin.	
1 H 4		The CAUSE OF PEATIHI was as follows: Muchary
and and	8 OCCUPATION OF DECEASED	
that back	(a) Trade, profession, or particular kind of work	) Well on Julyan
3 🕶 💷	(b) General nature of industry,	
3 2 5	business, or establishment in which employed (or employer)	ds ds.
terms,	(c) Name of employer	CONTRIBUTORY
はい		(Secondary)
3 2 5	9 BIRTHPLACE (city or town)	(duration) yrs mos ds.
plain terms instruction	9 BIRTHPLACE (city or town) (State or country)	18 Where was disease contracted if not at place of death?
20 -	TO NAME OF SATURAL A	
g.# 3	10 NAME OF FATHER MAN SULLAND	Did an operation precede death? Date of
	0 11 BIRTHPLACE OF FATHER-(City or 1000)	Was there an autopsy?
ntorman DEATH rtant.	11 BIRTHPLACE OF FATHER (city or town) (State or country)	What test confirmed diagnosis
日田田	Swilliam Swilliam	(Signed)
	12 MAIDEN NAME OF MOTHERS	(Address)
or informs OF DEAT important.	" / / / / / / / / / / / / / / / / / / /	my my my my my my my my my my my my my m
GH .T	18 BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIO-
AUSI very	(State or country)	M.ENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
CAUSE is very	14 (1) 2 1-1 1 1	white (2) whether Accidental, Sciental, or Hosticidal.
H 0 "	Informant January	19 Place of Burial, Cremation or Removal Date of Burial
. p.—Lover nould state UPATION	(Address)	montpelies Ida 8-1- 1939
ĮĘĘ		20. Undertaker
PAT PAT	15 Filed 1/30 / 1033 Will Views	JM. Williams monspelos
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A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using aways the same accepted

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report 'Typhoid Pneumonia'); Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measies; Whooping cough; Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," 'Convulsions." "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock, "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia." "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICID-AL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably sulcide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE

OF SER OF TOL THE PUBLIC WELLS RIVERTANCE SERVICE VARIANTE HERMAN OF THE COLUMN TO remaination District No. ..... State File No.... Prim. Registration Dignet No. 1 ... Per Sentiers No. 4 LILLY VANS OF CHILL If stillborn, substitute the word Stillborn for name of shall (Meets) o be answered into in event of final banke) Man productic was until to movent Ophthabesh Speatorts tables would at mother, tecluding trees bight. (a) form office and now living Dood-won Jud svila in MOTHIES VAR OF BECK Color on saccion and Mithias . sacindente. in continue DOOR THANK WITH VILL Occupation La ... . nolleas W THE HARDEST PORTER TO LEAD THE REAL PROPERTY OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON there and the latester at the chile chile, who was Stillings is the property of the standing paradelan presidently then the father he Par stole (PA) Child in one that neglier, benefice and shows other editable of the after black

<u> </u>	PLACE OF BIRTH / STATE OF IDAHO			
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	City of Box Miss Fully BUREAU OF VITAL STATISTICS 218498			
RECORD be made for	CEPTIFICATE OF DIDTE			
<b>≅.</b> ≊	No.693-129.011-69984			
	Donney KWY Shope Registration District No. State File No.			
PERMANENT RETURN must h stated.	(If born in hospital or institution give name.)  Prish. Registration District No. 21.1. Local Registrar's No			
<b>₹</b> 25	FULL NAME OF CHILD Robert When Wilson			
ERMA Frur stated	(If stillborn, substitute the word "Stillbirth" for name of child)			
	Sex of Twin Number Legith Date of 1 1 3			
<b>₹</b> BÞ	Child hale or other? of or other? of birth mate? birth (Month) (Day) (Year)			
E A L	What prophylactic was used to prevent Ophthalmia Neonatorum?			
AR o				
HA P	Number of child of this mother, including present birth (a) Born alive and now living			
100 5	Born alive but now dead Stillborn			
F T T	FULL ONLY THE WISON MADDEN JUNION & Siste,			
Pa Pir	NAME WITHIN SHAME NAME TWING STUDIES			
Zaz	Residence (Usual place of abode) Residence (Usual place of abode)			
	If nonresident, give place and State			
UNFADIN one child at number of	Color or race white Age at last Birthiay 2/ Color or race white Age at last Birthday 25			
S a a	Birthplace Sandson Sale (Years) Birthplace Sales M. Dar. (Years)			
40	(City and State of Country)			
WITH than nd th	Occupation MAPINE CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIEE			
~ ~ ~ :	Down altre			
254	I hereby certify that I attended the birth of this child, who was Stillborn Jat			
PLAINLY case of mor each	(Signature)			
3	( *Where there was no attending physician )			
E 2	or midwife, then the father, householder, (Physician or midwife)			
	etc., should make this return. A stillborn Address Bonners Funy, Sha-			
WRITE B—In	child is one that neither breathes nor			
ż	shows other evidence of life after birth.   Filed (1933)			
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CHAIR TO THE DEPARTMENT OF THEIR WELFARD BURRELL OF THE ALL SPANSSELES CH. CHARLESCALE OF BUILDING Registration District Sec. State 2the Man Prise Registration District No. 22 . Chief Registrate We AL ZANE OF CHILD til stillners estatiste the scient "hillingth" for hims of childs Legita Date of or other? the bound of both bread bread in aler and the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the bread of the b (diedit) -The remainded was used to prevent thathalmin Necastorum? ..... 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Plant there was no extending physician STATE OF THE PARTY. or aridulfe, then the father, householder, ster should make this return. A stillborn Address ... Lower Fred W. L. L. obild is one that neither breather nor colner evidence of life aller first

## UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I	Ī	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE 1	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTH RECORD be made for STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of \_ BUREAU OF VITAL STATISTICS 218499 CERTIFICATE OF BIRTH PERMANENT I RETURN must b th stated. Registration District No. State File No. (If born in hospital or institution give name.) Prim. Registration District No. 2/56-Local Registrar's No...... FULL NAME OF CHILD. (If stillborn substitute the word "Stillbirth" for name of child) Twin Number Date of Sex of Legiti-Triplet in order birth Child or other? of birth mate? W/s (Month) (To be answered only in event of plural births) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum?. Number of child of this mother, including present birth. (a) Born alive and now living. Born alive but now dead\_ Stillborn FATHER FULL MAIDEN Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State. Age at last Birthday Color or race (Years Birthplace Birthplace. City and State or Country (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIRE 555 P I hereby certify that I attended the birth of this child. who was on the date above stated. (Signature) \*Where there was no attending physician WRITE B. Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

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N. B.—In case of more than in order of birth stated.		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 218621  strict No. 4/7 State File No. 254 on District No. 2/9 6 Local Registrar's No. 254
RECORD. er of each,	3. Sex — If plural 4. Twin, triplet, or other	emature 7. Legiti- 8. Date of 12 5, 1933  Il term MOTHER MOTHER maiden name alice of 12 5 1933
ADING INK—THIS IS A PERMANI RETURN must be made for each, and the	10. Residence (usual place of abode) (If non-resident, give place and State)  11. Color or race	19. Residence (usual place of abode) (If non-resident, give place and state)  20. Color or race
WRITE PLAINLY WITH UNF one child at birth, a Separate I	period of gestation 29. Cause of stillbirt  CERTIFICATE OF ATTENDING  I hereby certify that I attended the birth of this child, who was no attending physician or midwife, then the father, householder, (S etc., should make this return.  Give name added from a supplemental report	G PHYSICIAN OR MIDWIFE  was

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County of Cassia			1 87	7002
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(If Acade and	(No		)	,
2. FULL NAME	i in a hospital or institution, gi	ve its name instead	of street and number)	20,0
(a) Residence. No.			St	
(Usual place of abode) Length of residence in city or tow	•	(If nonres	sident give city or town a	nd state)
	· · · · · · · · · · · · · · · · · · ·	H		
PERSONAL AND STATIS  3. SEX 4. Color or Base		MEDICA	L CERTIFICATE OF DE	ATH
4. Color of Ra	ed or Divorod (write the word)	21. DATE OF DEA	ATH (month, day and year	12/5/92
5a. It married, widowed, or div	<i>1</i>	22. I HEREBY C	ERTIFY, That I attended	deceased from
HUSBAND of (or) WIFE of	voi eva		., 193, to	193
6. DATE OF BIRTH (month, d	ay, and vear)	I last saw hal	ive on 193	.: death is said
	5-/1433	N .	on the date stated above,	
7. AGE Years Months		The principal cause tance were as f	e of death and related c	Date of onnet
Fron	1 day, hrs.	tance were as I		Date of onset
8. Trade, profession, or parti	cular	Stille	mi	
kind of work done, as a sawyer, bookkeeper, etc	pinner,			
9. Industry or business in work was done, as silk n	rhich			
🗧 💮 saw mill, bank, etc				
2 10. Date deceased last work ed at this occupation	11. Total time (years) spent in this	041		
(mo. and yr.)	occupation	Other contribute	ory causes of importance;	
12. BIRTHPLACE (city or tow	n) Bourley	P~	sture 7 mo	.
(State or country)	Ida,	Post	ceneration	.
E 13. NAME Leo Elist	a Kegoie	placent		• 1
14. BIRTHPLACE (city or t	own)a. A. Mite	Name of operation		Date of
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15. MAIDEN NAME	ine Layon	23. If death was d the following:	ue to exter'l causes (viole	ence) fill in also
16. BIRTHPLACE (city or t	coup)	Accident, suicide,	or homicide? Date	of injury, 193.
(State or country)	gg		occur?ecify city or town, county	, and state)
17. INFORMANT Zeo. C.	whaty gie	Specify whether in	njury occurred in industry	, in home, or in
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	Lda Date 1.2 / 16- 1933	Manner of injury		• • • • • • • • • • • • • • • • • •
10 13	1933	Nature of injury.		ed to occupation
19. UNDERTAKER (A.C.)	any	of deceased?	. Ksolppity.	
20. FILED / 2 / 5 / 193.3.	Laura Orcer	(Signed)	AACAI	M. D.
20. FIGED 1.207. J , 193.9.	Registrar.	(Address)		

## UNITED STATES STANDARD CERTIFICATE OF DEATH

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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

TATE OF IDAHO DEPARTMENT OF PUBLIC WHETARS County of County BURBAT OF VITAL STATISTICS. City of Land CERTIFICATE OF BIRTH Registration District No. (If born in hospital or institu-2/96 Local Registrar's No. 263 Prim. Registration District No. .. tion give name.) 2. FULL NAME OF CHILD. 7. Legiti-8. Date-91 If plural 3. Sex birthe Dieto KUD 5. Number, in order of birth..... Full term..... malo PERMANENT RECORD. sach, and the number of OTHER 18. Full 9. Rull FATHER maiden / name # Warner Aros name 19. Residence (usual piace of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) Qualoca (If non-resident, give place and State) | July 11. Color or races 12. Are at last birthday 23 (years 20. Color or racel Rate | 21 Age at last birthday 25 (years 22. Birthplace (city or place) Accoming 117 13. Birthplace (city or place) Marion & dallo (State or country) (State or country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper. kind of work done, as spinner sawyer, bookkeeper, etc OCCUPATION typist, nurse, clerk, etc. 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mili. lawyer's office, slik mill, etc. sawmill, bank, etc. 16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent must ...... 19...... in this work..... in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living s....(b) Born alive but now deed. O (c) Stillborn ..... Before labor months or weeks 30. Cause of stillbirth..... 29. If stillborn. During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was...... K... m. on the date above stated. When there was no attending physician ! or midwife, then the father, heuseholder, etc., should make this return. Give name added from a supplemental report..... Filed... Registrer.

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N. B..-WRITE PLAINLY, WITH UNFADING INK..-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

ECENTO ROSS	(. ·			,
PLACE OF DEATH	STATE OF ID.	АНО	Do Non morning or m	TTO ODION 1
<b>∼</b> ′	DEPARTMENT OF PUBI BUREAU OF VITAL	LIC WELFARE	DO NOT WRITE IN T	
County of Assume	CERTIFICATE O		865	<b>699</b>
City of Straley	CENTIFICATE O	r DEAIR	State File No	
<b>√</b> F	Registration District No			
F	rimary Registration Distric	t No. 2/94	Local Registrar's No	82
(If dean accurred to	(Non a hoppilal or inetitution, gi	vo ita nomenta de la d	)	1
2. FULL NAME	ell Ways	ve its name instead to	h e street and number)	0 6
		Y ZVY		
(a) Residence. No. (Usual place of abode)	<i>()</i>	/T# manua	Stsident give city or town an	
Length of residence in city or town v	where death occurred. yrs.	mos. ds. How long i	n U. S., if of foreign birth?	yrs, mos, ds
PERSONAL AND STATISTI  3. SEX 4. Color or Racel		MEDICA	L CERTIFICATE OF DEA	TH
3. SEX 4. Color or Race	5. Single, Married, Widowed or Divorced (write the	21. DATE OF DEA	ATH MAN day 2nd (vear)	193
	sungle.	22. I HEREBY CF	ERTIFY, That I attended	deceased from
5a. If married, widowed, or divor HUSBAND of	ccd	3	+ 10 0 V a - a l	193
(or) WIFE of 6. DATE OF BIRTH (month day,		I last saw hal	1 1 Table 1 A 10 1/	: death is said
The BIRTH (month day,	and Gar 2 3	8	on the date stated above, a	
i. A(E) Years Months	Days   If LESS than	The	se of death and related car	
$\sim \times \rightarrow 000$	Days If LESS than 1 day, hrs.	tance were as f		Date of onset
Duy Jor	or min.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
8. Trade, profession, or particukind of work done, as spin	lar	Still	/Downe	
sawyer, bookkeeper, etc				
9. Industry or business in whi work was done, as silk mill	ch			
	•			
10. Date deceased last work ed at this occupation	11. Total time (years)			
ed at this occupation (mo. and yr.)	spent in this	Other contribute	ory enuses of importance:	
	Bucker			
12. BIRTHPLACE (city or fown) (State or country)	1 survey			
6	7			
13. NAME OUT W.	Trost.	37	Nove I	Data of
14. BIRTHPLACE (city or you	m) Dakley	1		•
(State or country)	٧, ١	What test confirme	ed diagnosis? Was there	an autopsy?.
E 15. MAIDEN TAKE	Readaleans	23. If death was d	ue to exter'l causes (violen	ce) fill in als
	is any raw	Accident, suicide,	or homicide? Date of	f injury, 193
16. BIRTHPLACE (city by toy	n)	Where did injury	occur?	
17. INFORMANT & all W	at any	II .	ecify city or town, county, njury occurred in industry,	
(Address), L	3 da	1 '	njury occurred in industry,	
18. BURIAL, CREMATION OR R	EMOVAL	1		
	da Date 1.1 2. 7, 1933	Nature of injury.		
199	16		injury in any way related	to occupation
19. UNDERTAKER (Address)		of deceased? 7.0		
	M MAN.	II or accountary	O Variable to	
11/4	J	(Signed)		
20. FILED	Registrar.	(Signed)	Burley - Shi	M. D

Dr. Bay som.

## UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EVAMBLE I

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

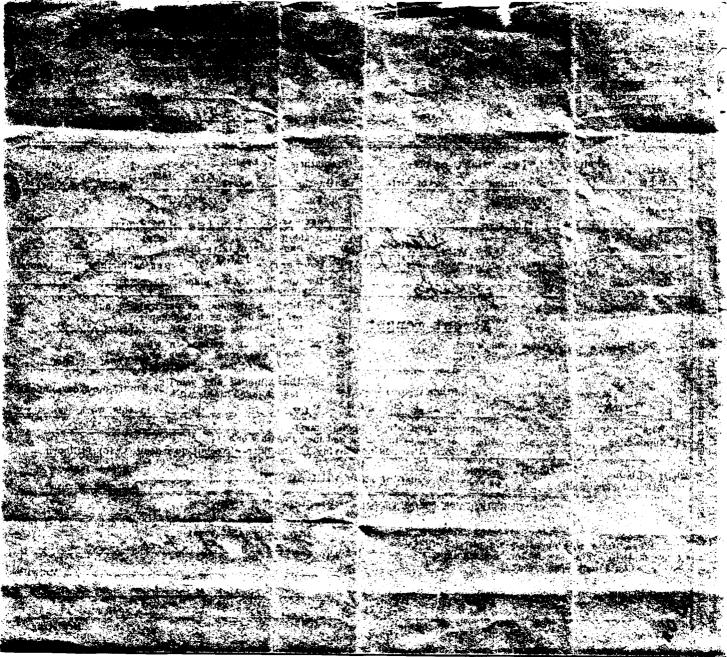
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
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DEPARTMENT OF PUBLIC WELFARE County of ..... BURBAU OF TTAL STATISTICS CERTIFICATE OF BIRTH 218651 Registration District No. State File No. (If born in hospital or institu-Prim. Registration District No. 201 tion give name.) 2. FULL NAME OF CHIED N. B. (f plura) 8. Date of 3. Sex mete Yes births birthe.co Male 5. Number, in order of birth.... Full term... RECORD. 9. Full FATHER 18. Full MOTHER name maiden name Morv Louise Hoffman David Earl Goheen 19. Residence (usual place of abode) 10. Residence (usual place of abode) PERMANENT each, and the (If non-resident, give place and State) (If non-resident, give place and State)... 11. Color or raceCaus | 12. Age at last birthday 25 (fears) 20. Color or race CEUG | 21. Age at last birthday 13. Birthplace (city or place)..... 22. Birthplace (city or place) Hage wman (State or country) (State or country) Idah o 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done as aninner sawyer, bookkeeper, etc Forest ranger INK—THIS IS A must be made for 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, Own home lawyer's office, silk mill, etc. Own home sawmill. bank, etc. 25. Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year) last engaged in this world 17. Total time (years) spent Sept. in this work...]. in this work N.Ov. 19.33 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. Q. (b) Born alive but now dead. Q. (c) Stillborn 1.... 7mos. Before labor. Yes... months 29. If stillborn. or weeks 30. Cause of stillbirth.Unknown. During labor period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN I hereby certify that I attended the birth of this child, who was æ WRITE PLAINLY One child at birth When there was no attending physician i or midwife, then the father, householder, etc., should make this return. Midwife Give name added from Registrar.



birth

ecton Distant No. Registration District No. S SELT S. Date of 7. Legitia.Premieuro. dingral Pull telen LE mate? dember, is order of birth. AND STOP 9man (19 Besidence (usual place of about) Residence (usual place of glade) (If the place and State). (If non-residence give select and State 21 Age arlest hirthday Ayears Lyenra 26 Color or race Color or race Ms. Are at last birthday Birthplace (city or place) 13. Birthplace (city or place) if (Stare or country) Trade, or of ession, or particular kind l'ede, redended a Barbella of voir dose, as dours agent the Trade, peut parse, clerk, etc. sawyer, moduleweer, see Industry or busines in which Industry or business in which work was done, as own home, work was done, as slik mill, sawlawyer's office, silk mill, etc.... milt bank, etc. Date (month and year) last engaged in this work E6. Total time (years) M. Date (month and year) 17. Total time (repres) agent in this work ... spent to this work ..... Mander of children of this mother (c) Stillhorn, alive and now living 5. (b) Born alive but now dead. (c) Stillhorn, alive are now high an intermediate this child, (c) Stillhorn, alive and now living 5. (b) Born alive but now dead. (c) Stillhorn, PER WILL What prophylactic was used to present Ophthalmia Negnatorum? Refore labor. addinom: Se Capee of stillbirth F. O. S. H. Wester 28. Matilborn. remied of gestationalist Character or weeks CERTIFICATE OF APPENDING PHYSICIAS OR MIDWIFE Physics of the that Lattended the shrth of shin child, who (Signed) at Little on the date above surfed Address I Col Burn Silver Stillborn When the sense no settempt physician or midwife, then Pilad as a comboundender eile, should make steller water meter mit

In case of more than, in order of birth stated. STATE OF IDARO County of SHOSHONE 39-16 DEPARTMENT OF PUBLIC WELFARE BURBAU OF VITAL STATISTICS City of KELLOGG 040-468 CERTIFICATE OF BIRTH No. WARDNER HOSPITAL (If born in hospital or institu-Prim. Registration District No. 2.20/ Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD Baby Barber N. B. 7. Legiti-8. Date of ptember 160 [f plural 4. Twin, triplet, or other.......... 6. Premature... 3. Sex births Male 5. Number, in order of birth..... meter Yes RECORD. Full term. 9. Full FATHER 18. Full MOTHER name maiden BYRON GLEN BARBER MARY VERONICA DWYER name 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT each, and the (If non-resident, give place and State) Kel loge (If non-resident, give place and State) Kellogg 11. Color or race. W. ... | 12. Age at last birthday. 39. (years) 13. Birthplace (city or place) ... Mayville ... North DakdtB. Birthplace (city or place) Medical Lake. Wash-(State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper typist, nurse, clerk, etc. Stenographer for OCCUPATION OCCUPATION 24. Industry or business in which 15. Industry or business in which made work was done, as own home. lawyer's office, silk mill, etc. 2 16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent must before marriage 19..... in this work..... Present 19 in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ... Stillborn ...... WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) Nine months or weeks 30. Cause of stillbirth Hydrocephalus, acute Before labor..... 29. If stillborn. period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was tillborn atli on on the date above stated. PLAINLY When there was no attending physician ! or midwife, then the father, householder, etc. should make this return. Give name added from chile a supplemental report..... Address Kellogg Idaho Q Filed Ups. 20 e de Registrar.

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ECORD. YSICIA	2. FULL NAME Ouly Bark	
RECORD. PHYSICIA Exact state	(a) Residence. No	St.
. 🗎	(Usual place of abode)	(If nonresident give city or town and state) os. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
NENT TLY. iiod.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3.SEX 4. COLOR OR RACE 5. Single, Married, Widows	d, 21. DATE OF DEATH (month day, and year) 193
P M d g	make white or Divorced (write the wor	22. HEREBY CERTIFY, That I attended deceased from
VDIR PER EX 7 cle	5a. If maried, widowed, or divorced HUSBAND of	
A J ted erl;	(or) WIFE of	I last/saw halive on, 193: death is said
R BIND IS A PH stated H roperly certificat	6. DATE OF BIRTH (month, day, and year) Leav. 16-113	to have occurred on the date stated above, at
RO S S S S S S	7. AGE Years Months Days If LESS th	m were as follows: Date of onset
E H H	or mir	
VE.	8. Trade, profession, or particular kind of work done, as apinner,	Stell-form,
E E E	sawyer, bookeeper, etc	
ES)	work was done, as silk mill,	
E Z T	10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:
dargin result of the control of the	vear) cocupation (month and spent in this occupation	- Hy drove hkales
NFZ NFZ IPP III	12. BIRTHPLACE (city or town)(State or country)	
MA UN V su ter ter		Name of operation
		What test confirmed diagnosis? Was there an autopsy?
	14. BIRTHPLACE (city or town)	23. If death was due to exter leauses (violence) all in also the following:
(LX, V d be ca TH in import	15. MAIDEN NAME	Accident, suicide, or homicide? Date of injury 193
	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur? (Specify city or town, county, and State)
LAINLY thould be DEATH	(State or country)	Specify whether injury occurred in industry in home, or in public
	17. INFORMENT (Address)	place.
り 見 通	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
VRITI ormati USE (	Place Teliogy Date Date 7, 193	Nature of injury
WRITE informatio CAUSE O PATION	19. UNDERTAKER A Thousand A Callago A a	24. Was disease or injury in any way related to occupation of deceased?
	4 4/4 9 90	(Signed) Kellogg, M.D.
	20. FILED Oct. 10 , 1983 Mrs. Halen In Page	(Address)
8F.2. K.		

## UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE 1		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE 1	FOR FURTH	ER STATEMENTS BY PHYSICIAN	